

Applicant's Details

Full Name	
Date of Birth	
Residential Address	
Contact Number	
Email Address	
Work Status	<i>(please circle) Full-time Education, Employment, or Unemployed</i>

Household Information

Please list your current household members (other than yourself)

Name	Relationship to Applicant	Over 18 / Under 18	Please indicate if in Full-time Education, Employment, or Unemployed
<i>Example: Jo Bloggs</i>	<i>Husband</i>	<i>Over 18</i>	<i>Employed</i>

Disposable Income

Please indicate below what disposable income your household has after your bills have been paid i.e rent/mortgage, utilities, food bills etc
Please indicate if this is weekly or monthly

£ _____ Frequency _____

Comments: _____

Covid-19 Relief - States Of Guernsey

Please Circle

Have you applied for the States of Guernsey's Covid-19 relief benefits?	Yes No
Was your application unsuccessful?	Yes No
If unsuccessful, the reasons given....	
If your application was successful but you have still not received any funding, please provide the following information:	
Date of original application	_____
Any claim reference no	_____
Name of person you spoke to	_____
Any other information	_____

Voucher choice

Please indicate below which retail outlet you would like the voucher for:

Farm Shop / Waitrose

Le Cocq

Pharmacy

AEL

Other:

Voucher's Terms and Conditions

Voucher(s):

- are not exchangeable for cash and is non-refundable
- are valid up to and including the expiry date
- are not transferable
- cannot be returned or refunded
- expiry date is shown on the voucher (typically 14 days after issue)
- have a unique identifiable code which is recorded and monitored
- lost cannot be replaced
- can only be used once, they are not reusable

The purpose of these voucher(s) are as a one-off top-up benefit.

Helping Hand have the right to with-hold any application or repeat of issuing voucher if there is fraudulent activity or deception suspected or identified.

Helping Hand is not liable for the loss, damage or un-usability of the voucher(s) or items purchased using the voucher(s)

This voucher support is for a limited period of time; 3 months but the reserve the right to extend.

Please be aware that receipts for purchases made with the Helping Hand Vouchers may be asked for.

Consent, Data Protection and Declaration

Data Protection The processing of your personal data is in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 ("**the Law**"). For more information on how your personal data will be processed, who will receive your personal data, and your rights under the Law, please see the '*Helping Hand's Fair Processing Notice*' which can be found on www.alderney.gov.gg/helpinghand or alternatively contact the Island Hall's General Office or President's Office to request a hard copy.

If you include any information relating to another individual in this form, please notify them, and either direct them to the web-link to the Fair Processing Notice above or give that individual a copy of that notice.

Your Consent to Further Processing As part of the approval process, the States of Alderney General Office Manager will share the details you have provided in the 'Applicant's Details' section above and the number of people in your household with the Helping Hand's Adjudication Panel and may also share with the *States of Guernsey Covid-19 Relief benefits*.

You are **NOT** obliged or required by contract or other law to provide any of the information requested in this form. But if you do not provide the information, your claim may not be processed. Your consent is entirely **optional** (i.e. you do not have to consent). Please tick one or both of the boxes below, if you agree with the relevant statement:

Please indicate mark the boxes below if you give your consent and sign below

Consent 1

I consent to a Member of the Helping Hand Adjudication Panel or an officer of the States of Alderney (on behalf of the Panel) contacting me using my name and contact details.

Consent 2

I consent to my name and contact details being given to the States of Guernsey so they can contact me.

You may withdraw either Consent at any time by notifying us in writing at the address provided in the section below.

Declaration

I have provided the information in this form and to the best of my knowledge the information is correct.

I am over the age of 13 years

Name: _____ Date: _____

Signature: _____

[if you are emailing this form, you may type "[signed]" or any word to that effect instead of signing it by hand]

Please post or drop your completed form in a sealed envelope to:

Helping Hand Appeal, General Office Manager, Island Hall, PO Box 1001, Alderney, GY9 3AA

This form is only to be used up to 01st August 2020.