**Sir Stuart and Lady Florence Goodwin Charity**

**Introduction**

In 1962, Sir Stuart and Lady Florence Goodwin set up a Trust Fund which initially provided an annual small gift payment at Easter to the ‘poor and needy’ aged 60 or over who lived in parishes within the former Retford Rural District Council area.

Today, the aim of the Charity is to provide financial assistance to the ‘poor and needy’. If you, or someone you know, meet the criteria (see eligibility below), please complete and return the form at Appendix 1.

**Eligibility**

Who can apply for financial assistance:

* those aged 60 and over
* must live within the former Retford Rural District Council area (see parish list over page)
* an individual or a group on behalf of an individual

The Trustees may also consider an application for financial assistance for the relief of poverty from a charity, group, voluntary group or organisation whose aims are the same as the Sir Stuart and Lady Florence Goodwin Charity, i.e. the relief of poverty. The geographical boundary and qualifying age group still applies. Please contact the Administrator for the appropriate form.

**The Process**

You must complete the application form (at Appendix 1) which includes telling us why you want financial assistance.

The application form will be acknowledged within five working days. It will be assessed and presented to the next available meeting of the Trustees unless considered to be of an urgent nature. You will be informed of the Trustees decision as soon as possible following the meeting.

**Additional Notes**

Applications will generally be considered at one of the quarterly meetings of the Trustees but can be considered separately in emergency situations.

Applicants must wait for the decision of the Trustees before making a purchase as monies cannot usually be paid retrospectively.

Financial assistance agreed by the Trustees is discretionary and all applications are assessed on an individual basis.  Additional information may be requested by the Trustees prior to a decision being made.

All applications will be dealt with in the strictest confidence.

Applications will be considered from residents of the following parishes:

*Askham, Babworth, Barnby Moor, Beckingham-cum-Saundby, Bole,*

*Bothamsall, Clarborough, Clayworth, Darlton,*

*Dunham-on-Trent with Ragnall, Fledborough and Darlton,*

*East Drayton, East Markham, Elkesley, Everton, Finningley, Gamston*

*West Drayton and Eaton, Gringley-on-the-Hill, Hayton,*

*Headon-cum-Upton, Grove and Stokeham, Laneham, Lound,*

*Markham Clinton, Mattersey, Misson, Misterton,*

*Normanton-on-Trent with Marnham, North Leverton with Habblesthorpe,*

*North and South Wheatley, Rampton, Ranskill, Scaftworth, Scrooby,*

*South Leverton, Sturton-le-Steeple, Sutton-cum-Lound,*

*Treswell with Cottam, Torworth, Tuxford, Walkeringham,*

*West Burton, West Stockwith, Wiseton*

Send the completed application form to:

Angela Harrison

Administrator to the Sir Stuart & Lady Florence Goodwin Charity

c/o The Misterton Centre & Library

52 High Street

Misterton

Doncaster

DN10 4BU

Please mark the envelope as CONFIDENTIAL.

**SIR STUART AND LADY FLORENCE GOODWIN CHARITY**

**APPLICATION FORM**

**(PLEASE COMPLETE IN BLOCK CAPITALS)**

1. Name and address of applicant:

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1. Contact telephone number: ...………………………………………………………………..
2. Date of birth: ……………………………………………………………...............................
3. Why are you applying for financial assistance?

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(Continue on a separate blank sheet if more space required).

1. Amount of financial assistance requested: …..………………………………………….
2. Are you in receipt of: Pension Guarantee Credit? YES / NO\*\*

Pension Savings Credit? **YES / NO\*\***

Housing Benefit? **YES / NO\*\***

Other? **YES\* / NO\*\***

\*If you have answered YES to ‘Other’, please provide details here…………………………….

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………………………………………………………………………………………………………….

(Continue on a separate blank sheet if more space required).

We may require evidence that you are in receipt of all or some of these benefits if you have answered YES. By signing below, you are giving us permission to apply for further information to confirm you receive these benefits.

\*\* If you have answered NO for all of the above, please provide brief details of:

Income: ……………………………………………………………………………………………….

Savings / Investments: ………………………………………………………………………………..

Capital: ……………………………………………………………………………………………......

Outgoings: ………………………………………………………………………………………….

(Continue on a separate blank sheet if more space required).

Please note that we may need to verify the information you have provided.

1. Date of Application: …………………………………………………………………………

In signing this form you are declaring that the information you have provided is complete and accurate.

1. Signature of Applicant: …………………………………………………………………….

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Did you need help filling in this form?

1. Name and address of the person / organisation assisting with the application:

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1. Contact telephone number: …………………………………………………………………
2. What is your relationship to the applicant (if applicable): ………………………………..

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If you require further information prior to completing this form, please telephone Angela Harrison: Worksop (01909) 239911.