**ACHIEVE** 🞟 SALFORD 🞟 TRAFFORD

**Personal Recovery Support Fund**

APPLICATION FORM

**About this fund**

Please note that due to high demand **only one large item** (e.g. Refurbished Laptop, Cooker or bed/mattress) will normally be considered. Only items deemed important to your recovery can be considered. This might involve a request for support with:

* A refurbished laptop to help you access recovery sessions, assist with job seeking etc.
* Household furniture / white goods - following resettlement or rehousing
* Clothing due to hardship, weight change or for a job interview
* Decorating materials to brighten up a new home
* Child care to enable you to access a course.
* Travel costs of attending a recovery convention
* Other activities (e.g. dog kennelling to whilst on detox programme)

Important notice

* Delivery will be attempted three times, after which it will be cancelled automatically

To apply, please complete the application form below and pass to your keyworker for submitting to Salford CVS.

**1) Applicant Details**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Phone number\* |  |
| Email  |  |
| Address (inc. postcode )  |   |
| Which borough do you live in? Salford or Trafford? |  |
| Property Status (Please tick) | Owned |  | Privately rented |  | Council house/flat |  |
| If not owned, contact details of the landlord | Phone |  | Email |  |
| If you live in a flat, what floor do you live on: |  |

**2) About your request**

Put items in priority order (put what you need most first)

Please note that requests are normally restricted to **one large item.**

|  |  |
| --- | --- |
| **Item(s) requested** Please give as much detail as possible (e.g. size of sofa, preferred colour etc) | **Why do you need this item / these items?** |
|  |  |

\* Gym passes should be used within the given period and cannot be extended or renewed after three months.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Laptops** | Will you need a wi-fi hotspot to access the internet?\* | Yes: |  | No: |  |
| **Cookers (for electric cookers, please confirm you have a safe plugging ex: a red switch)** | If you’re in need of a cooker, is it? | Gas: |  | Electric: |  |
| Do you have an old cooker that needs removing? | Yes: |  | No: |  |
| **Washing Machines** | Do you have an old washing machine that needs removing? | Yes: |  | No: |  |
| **Beds** | What size bed is needed? | Single: |  | Double: |  |
| Is a mattress also required? | Yes: |  | No: |  |

**\*Internet access:** If you don’t have access to broadband for internet access, you can request a wi-fi hotspot. This will come pre-loaded with data to access the internet. When it runs out (depends on hour levels of use, you’ll need to top-up the data from your own funds (or use public wi-fi).

**How will this award help your recovery?**

*(50 words minimum)*

|  |
| --- |
|  |

**3) Previous Support**

**How have you tried to fund this previously?** Why do you need help now?

*(50 words minimum)*

|  |
| --- |
|   |

|  |  |
| --- | --- |
| **4) Your current wellbeing** | **Please score 1-5** |
| Do you…  | ☹☹ | ☹ | 😐 | ☺ | ☺☺ |
| **CONNECT** with friends, family & new people |  |  |  |  |  |
| **STAY ACTIVE** and take some exercise |  |  |  |  |  |
| **KEEP LEARNING** and try new things |  |  |  |  |  |
| **GIVE TO OTHERS** and enjoy your social life |  |  |  |  |  |
| **TAKE NOTICE** of your feelings and of others |  |  |  |  |  |

**5) Declaration**

All the information above is true to the best of my knowledge.

I consent to being contacted by Achieve staff and partners regarding this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name:*(signature not required)* |  | Date: |  |

Decisions will be made after the end of each month. All applicants will be notified of the outcome of their bid within 6 weeks. **Please pass form to your Achieve keyworker to complete.**

**To be completed by the ACHIEVE support worker**

|  |  |
| --- | --- |
| Keyworker Name  |  |
| Role |  |
| Email address: |  |
| Work Tel: |  | Work mobile: |  |
| Organisation |  |
|  |
| **Supporting Statement:**Please give your view on how an award will help your client **achieve their recovery goals. Please give full details** of why you feel this client is in need of support. Failure to do so will result in delayed processing.*(minimum of 100 words is expected)* |
|  |
| Please tick to confirmthat any successful award will be **referenced within the individual’s recovery plan**. 🗸 |  |
| Please tick to confirm that **no other means of support are available to the service user** have been identified to fund items in this application. 🗸 |  |
|  |
| Has an application been made to **Salford Assist or Trafford Assist** for any or all of the items requested?  | **Yes** | **No** |
|  |  |
| **If Yes**, what was the outcome: |  |

Applications must be emailed (in WORD) from a work account to: grants@salfordcvs.co.uk Salford CVS may need to contact you an/or the client to clarify details of the items requested.

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Date received |  |
| Date of decision  |  |
| Decision: |  |
| Details: |  |
| Approved by: |  |