



Supporting people and good causes around Oxted, Godstone,  
Lingfield, Edenbridge and surrounding villages

## CLIENT REQUEST FORM

Please complete this form with as much detail as you can. The information provided here is kept confidential. It will be shared among the decision-making committee of St Silvan's Area Charity only, unless you give us your permission to disclose to other agencies or charities.

We may publicise on social media and in local press the nature of the help we have provided for clients but **this will never contain your name or address details**. We do so to ensure that our fundraisers can see how our money is spent.

We appreciate a note of thanks where our charity has helped. We share these to demonstrate that our charity is working hard in the community. Again, any personal information that might identify a client is redacted before sharing. Notes or cards of thanks can be sent to [hello@stsilvans.org.uk](mailto:hello@stsilvans.org.uk) or 3 St Georges Cottages, Crowhurst, Lingfield, RH7 6LR.

NAME \_\_\_\_\_

DOB \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TIME AT ADDRESS \_\_\_\_\_

NATURE OF HOUSING Council  Housing Association  Private rented  Own property

EMERG/TEMP/PERM \_\_\_\_\_

PARTNER NAME \_\_\_\_\_

YOUR CHILDREN  
List ages – do they  
live with you?

ARE THERE ANY MEDICAL CONDITIONS AFFECTING YOU AND/OR YOUR FAMILY? What is the impact of any such condition on your quality of life and on your finances?

INCOME – approx. how much money comes into your home each month and where does it come from?  
(ie state benefits, salary, child maintenance)

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OUTGOINGS – approx. how much money needs to go out each month (before food and living expenses)?  
Include rent, utility bills, insurance, vehicles etc.

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WHAT DO YOU NEED AND WHAT DIFFERENCE WILL IT MAKE TO YOU?

HOW MUCH WILL IT COST AND WHERE CAN IT BE BOUGHT? Our charity does not give cash – we would need to purchase the item on your behalf.

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HAVE YOU ASKED ANYONE ELSE FOR HELP WITH THIS OR WITH ANY OTHER CURRENT FINANCIAL PROBLEM? If so, please provide info here:

DO YOU HAVE A SOCIAL WORKER OR HEALTH VISITOR? Please provide their contact information if so and tick to confirm we have your permission to contact them to discuss your request.

PERMISSION TO DISCUSS CASE WITH SOCIAL WORKER / HEALTH VISITOR

IF YOU DON'T HAVE A SOCIAL WORKER OR HEALTH VISITOR, IS THERE ANYONE ELSE WHO COULD PROVIDE A CHARACTER OR 'PERSON IN NEED' REFERENCE FOR YOU?

By signing below I certify that the information I have provided to St Silvans Charity is truthful. I also understand that any item provided to me by St Silvans is provided in good faith for my benefit. Should my circumstances change and should I no longer require the item I will make every effort to contact St Silvans Charity to return the item if appropriate, or I shall donate it to another person in need. I should not sell or profit from any item donated to me by St Silvans Charity.

CLIENT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_