



**BEDFORD**  
BOROUGH COUNCIL

---

# Local Welfare Provision Application for grant assistance

## Bedford Borough Council

---

This form is also available at [www.bedford.gov.uk](http://www.bedford.gov.uk)

If you require this application form in another format please contact

**Local Welfare Provision (01234) 718033**

Please return this form to:

**Bedford Borough Council  
Customer Service Centre  
2 Horne Lane  
Bedford MK40 9AP**



## **You can use this form to apply for a Home in the Community Grant.**

### **Who can get a grant?**

- Individuals and families who live in Bedford and receive a means tested benefit or would be entitled to a means tested benefit or pension credit should they apply.
- Young people who live independently and care leavers under 18 years of age who do not have access to means tested benefits.

### **You or your family should also meet one of the following conditions:**

- Your family is experiencing exceptional pressures.
- You are leaving long term care.
- You are leaving prison or detention and have a strong local connection to Bedford Borough and you have previously lived here.
- Fleeing domestic violence or abuse or moving to safeguard yourself from serious and imminent risk of other forms of violence or abuse.
- You are moving to supported living or independent living and/or following a resettlement programme.
- You are a young person leaving care.
- You are leaving institutional or residential care.

## **Home in the Community Grants**

### **How a Home in the Community Grant can help**

Home in the Community Grants do not have to be paid back. A grant should not be seen as a means of upgrading your current home furnishings or to replace items/appliances subject to wear and tear; they are intended to help people establish themselves in the community. Grants can help to provide household items that are essential for basic living or health and safety for people experiencing genuine need. We may not be able to give you everything you have asked for as there is a limited amount available to help everyone that applies.

Please note that any items awarded will be by means of a voucher, and may be used or recycled. You may be referred to other agencies to request assistance. Any items awarded will be appropriate for your individual/family's circumstances.

### **You can ask for help with:**

- Beds & bedding.
- Washers, cookers and fridges.
- Essential furniture (e.g. table & chairs).
- Basic floor coverings (not fitted carpets).
- Portable heating appliances.
- Health and safety items for a dependent child (e.g. fireguard, stair safety gates etc.).
- Emergency house repairs that will if not repaired present an immediate threat to health and safety or security (available for owner occupiers only).
- Any other item or service at the Council's sole discretion essential to assist a family experiencing exceptional pressure establish or maintain a home in the community and which is not an excepted item.

### **What can Home in the Community Grants NOT help with?**

#### **We cannot help with...**

- a need which occurs outside the United Kingdom;
- or an educational or training need including clothing and tools;
- or distinctive school uniform or sports clothes for use at school or equipment to be used at school;
- or travelling expenses to or from school;
- or school meals taken during school holidays by children who are entitled to free school meals;
- or expenses in connection with court (legal proceedings) such as legal fees, court fees, fines, costs, damages, subsistence or travelling expenses;

- or removal or storage charges if you are being rehoused following a compulsory purchase order, a redevelopment or closing order, a compulsory exchange of tenancies, or under homelessness legislation
- or domestic assistance and respite care;
- or a medical, surgical, optical, aural or dental item or service (note that needs under all of these headings can be provided free of charge by the National Health Service, if you are getting Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance (income-related), or Pension Credit);
- or work related expenses;
- or investments;
- or costs of purchasing, renting or installing a telephone, broadband connection, cable television or satellite television and any associated charges;
- or any expense which any public body has a statutory duty to meet;
- or housing costs or arrears of rent other than minor repairs and improvements to the applicant's own property essential for health, safety or security;
- or taxes or other statutory payments;
- or debts or insolvency costs;
- or home decoration;
- or TV licence;
- or care provision;
- or holidays;
- or garaging, parking, purchase, and running costs of any motor vehicle except where the payment is being considered for emergency travel expenses;
- or where the customer has sufficient income, savings or access to a reasonable source of credit;
- or any purpose for which a Home in the Community Grant was previously given to the same family within in the last two years.

#### **We can help residents where:**

- There is an immediate and serious risk to the health and safety of the applicant, their partner or a dependent child (including a foster child); and
- The risk arises as the result of a crisis, emergency or disaster.

#### **What if I don't provide all the information you need?**

- We cannot process your application if it not completed in full. It is important that you give us as much information as possible about your circumstances. We may need to write or telephone you to ask additional information.
- Applicants must be able to demonstrate that they have no recourse to savings, reasonable forms of credit, or financial help from family and/or friends.

#### **FAQ's**

- **How often can I apply for a grant?** Home in the Community Grants – only one award can be considered in any rolling 12 month period. However, if you have made an application whilst residing in temporary accommodation, we may consider an additional application if you then move into permanent accommodation within 12 months, for items not previously awarded.
- **How do we decide whether you can have a grant?** The decision maker will look at all the information on your application before we decide whether we can give you a grant. There is only a limited amount available to award so we will not be able to help everybody who asks.
- **What if I don't receive an award?** If we cannot help you with a grant, we will write to tell you.
- **What if I don't agree with the decision?** There is no right of appeal, however you can ask for a review of a decision by a Council Officer other than the assessor who made the decision within two working days for Crisis Grants and twenty working days for Home in the Community Grants.
- **Will I get cash?** No. You may be signposted to service provides or be advised how you will receive goods/services. Special conditions may apply.

- Grants will not be awarded in circumstances where provision is made elsewhere through public funds, including other funding available from the Council.
- Grants will not be awarded to reimburse costs on items already purchased
- Having difficulty completing the form? You are strongly advised to get help from your social worker if you have one or a housing support worker, Bedford Citizens' Advice Bureau or other local voluntary organisation.

This form should be filled in by the person who is making the application. Their details must go in **Part 1** and they must sign the **Declaration** at **Part 16**. If you find it difficult to fill in this form, someone else can fill it in for you. If you are filling in this form for someone else, tell us about them throughout the form.

### Part 1 About you

**Surname or family name**

Mr/Mrs/Miss/Ms

**All other names - in full**

**All other surnames or family names you have been known by or are using now**

**Current address**

Postcode

**How long have you lived at this address?**

Years

Months

**Please state previous address if less than 5 years and the dates you lived here**

Postcode

From:

To:

**Please give us a contact phone number**

We will use this number if we need to contact you about your application. This may help us to make our decision more quickly

Home:

Mobile:

**Date of birth**

/ /

**National Insurance (NI) Number**

--	--	--	--	--	--	--	--	--	--

**Part 1 About you** continued

**Have you recently separated from somebody?**

**No**

☐

**Go to *Part 2***

**Yes**

☐

Tell us about this below

**Their full name**

Mr/Mrs/Miss/Ms

**Their date of birth**

/ /

**National Insurance (NI) Number**

**Their address**

Postcode

**The date of separation**

/ /

**Was this person claiming benefit for you?**

**No**

☐

**Yes**

☐

**Part 2 About your partner**

**Please tell us about your partner, if you have one.**

By *partner* we mean

- A person you are married to or a person you live with as if you are married to them, or
- A civil partner or a person you live with as if you are civil partners.

**Surname or family name**

Mr/Mrs/Miss/Ms

**All other names – in full**

**Their date of birth**

/ /

**National Insurance (NI) Number**

### Part 3 About benefits and entitlements

You may be able to get a grant if you are getting Income Support income-based Jobseeker's Allowance, income-related Employment and Support Allowance, or any type of Pension Credit.

You may be able to get a Home in the Community grant if you are in care, such as a hospital, a care home or a prison, but only if:

- You expect to be discharged **within six weeks** of the date of this application
- You will probably get Income Support, income based Jobseeker's Allowance, income related Employment and Support Allowance or Pension Credit when you are discharged.

If you are leaving care within the next six weeks and will claim any of the benefits listed above, please tick this box

☐

### Please tell us about any money you, your partner or any other members of the household get regularly.

We mean things like benefits or entitlements (such as Income Support, Jobseeker's Allowance, Employment and support Allowance, Pension credit, Disability Living Allowance, Attendance Allowance, Carer's Allowance and child Benefit), pensions, tax credits, wages and maintenance payments.

#### Money 1

Type of money you get

How much are you getting and how often?

 every 

When did you last get a payment?

 / 

When will you get your next payment?

 / 

Who receives this money?

#### Money 2

Type of money you get

How much are you getting and how often?

 every 

When did you last get a payment?

 / 

When will you get your next payment?

 / 

Who receives this money?

**Part 3 About benefits and entitlements** continued

**Money 3**

Type of money you get

How much are you getting and how often?

 

When did you last get a payment?

 

When will you get your next payment?

 

Who receives this money?

**Money 4**

Type of money you get

How much are you getting and how often?

 

When did you last get a payment?

 

When will you get your next payment?

 

Who receives this money?

**Money 5**

Type of money you get

How much are you getting and how often?

 

When did you last get a payment?

 

When will you get your next payment?

 

Who receives this money?

**Money 6**

Type of money you get

How much are you getting and how often?

 

When did you last get a payment?

 

When will you get your next payment?

 

Who receives this money?

**Money 7**

Are you waiting for any other grants or loans? Please give details here.

**Part 4 About leaving care**

By *care* we mean a prison, hospital, care home or similar place.

**Name and address of the prison, hospital, care home or similar place.**

Postcode

**Prison number**

If you are leaving prison

--

**What date did you go into care?**

/	/
---	---

**Date of leaving?**

/	/
---	---

If this is more than six weeks away, wait until it is within six weeks before sending in your application.

**If you are still in care, what address will you go to when you leave**

Postcode

**If you are leaving prison, please attach a copy of your B79 Notification of Discharge Form**

**Part 5 About your children****Please tell us about any children who live with you.**

<b>Surname or family name</b>	<b>All other names – in full</b>	<b>Sex – M or F</b>	<b>Date of birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Is anyone in your household pregnant? Please give details here.**

**Estimated due date**

 /  / 

**If you have any other children who do not live with you, please tell us about them below.**

<b>Surname or family name</b>	<b>All other names – in full</b>	<b>Sex – M or F</b>	<b>Date of birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Where do they live?**

<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>

<b>Surname or family name</b>	<b>All other names – in full</b>	<b>Sex – M or F</b>	<b>Date of birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Where do they live?**

<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>

**Part 6 About other people who live with you**

Please tell us about anyone else who lives with you.

**Person 1**

**Surname or family name**

Mr/Mrs/Miss/Ms

**All other names – in full**

**Their date of birth**

/ /

**Their relationship to you**

**Person 2**

**Surname or family name**

Mr/Mrs/Miss/Ms

**All other names – in full**

**Their date of birth**

/ /

**Their relationship to you**

**Person 3**

**Surname or family name**

Mr/Mrs/Miss/Ms

**All other names – in full**

**Their date of birth**

/ /

**Their relationship to you**

If you need to tell us about more people go to **Other information** at **Part 14**

## Part 7 About moving home

You may be able to get a Home in the Community grant if you or someone else move to a different address, if this will help

- You or them move back in the community instead of going into care
- You or them stay in the community instead of going into care
- You ease exceptional pressures on you and your family
- You set up home as part of a planned resettlement programme after you have had an unsettled way of life

**Please tell us below if**

- **You**
- **A member of your family, or**
- **Someone you are, or will be looking after will be moving to a new address**

**Who is moving?**

**When are they moving?**

 /  / 

**Why are they moving?**

**Under which criteria are you applying for a Home in the Community Grant?**

Your family\* is experiencing exceptional pressures\*\*

☐

You are leaving long term care

☐

You are a young person leaving care

☐

You are leaving institutional or residential care

☐

You are moving to supported or independent living

☐

You are leaving prison or detention and have a strong connection to Bedford Borough and you have previously lived here.

☐

Fleeing domestic violence or abuse or moving to safeguard yourself from serious and imminent risk of other forms of violence or abuse

☐

**\*'Families' shall normally be considered to be individuals or couples with a dependent child or children, or a woman who is over 24 weeks pregnant. A child is a person under the age of 18 years.**

**\*\*'Exceptional pressures' are considered to be acute needs arising from exceptional circumstances; e.g. the breakdown of a relationship or the onset/deterioration of a disability of a family member.**

**Part 7 About moving home** continued**Where are they moving to?**

Postcode

*Please provide a copy of your new tenancy agreement/inventory schedule***If the property is rented, please tell us about the landlord.****Landlord's name**

--

**Daytime phone number**

Home:	Mobile:
-------	---------

**Can we contact the landlord if we need more information?**

Yes ☐ No ☐

**Have you asked your landlord to help you with household items?**

Yes ☐ No ☐

**Please give details here**

--

**Are you following a programme to help you resettlement because you have had an unsettled way of life?**

Yes

☐

No

☐

**Please give details here**  
e.g. Tell us how you were living before beginning the programme, what you are doing and how it is helping you to resettle.

--

**Name of the organisation**

--

**Name of the person helping you**

Mr/Mrs/Miss/Ms
----------------

**Address of organisation?**

Postcode

**Daytime phone number**

Home:	Mobile:
-------	---------

**Can we contact this person if we need more information?**

Yes

☐

No

☐

## Part 8 About health problems

We need to know about any health problems.

By health problems we mean things like illness, a medical condition, disability, infirmity due to age, mental health problems, or drug or alcohol problems.

**Please tell us below about anyone who has health problems. This could be**

- **you**
- **any members of your family**
- **someone you are, or will be looking after**

**Who has health problems?**

**What health problems does each person have?**

**Please tell us how each person is affected**

Tell us how their health affects their everyday life.

**Do any of the people you have told me about see a doctor regularly?**

**Yes**

☐

**No**

☐

Please tell us about this below.

**Have any of the people you have told us about recently been in hospital, a care home, or somewhere like this**

**Yes**

☐

**No**

☐

Please tell us about this below.

**Please tell us who this was**

**Name and address of the place they were in**

Postcode

**Dates of stay**

From

To

**Part 8 About health problems** continued

**Do you or your family receive help from anybody else?**

**Yes**

☐

Please tell us about this below.

**No**

☐

Who provides this help, what help or treatment do they provide, and how often do they provide this?

**Has anyone you have told us about had their needs assessed by social services or a health care professional?**

**Yes**

☐

Please tell us about this below.

**No**

☐

Please tell us about the assessment. Will the local authority be helping with any equipment or appliances the person needs?

**Can we contact any person or agency who is helping if we need more information?**

**Yes**

☐

Please tell us about this below.

**No**

☐

**Their name**

Mr/Mrs/Miss/Ms

**Address**

  
  


Postcode

**Daytime phone number**

Home:

Mobile:

**Do any of the health problems you have told us about mean extra expense?**

**Yes**

☐

**No**

☐

Please tell us how you have extra expenses, and what they need that costs more than if they were in good health?

**How much does this cost?**

£

every

## Part 9 About your disaster

We can give you a Home in the Community grant for items and services if there has been a disaster and if there will be a serious risk to either the health and safety to you or a member of your family.

***Disasters are events of great or sudden misfortune, such as major flooding, a gas explosion, a chemical leak or a serious fire, but not minor mishaps or damages, wear and tear or the pressures of managing a low income.***

### Please tell us what disaster has happened to you

Gas explosion

☐

Major flooding

☐

Serious fire

☐

Other major disaster – please explain below

☐

### Tell us more about the disaster

Tell us

- What happened
- When it happened
- What was damaged
- Which emergency services came to deal with the disaster

### Do you have household insurance?

Yes

☐

Please tell us about this below.

No

☐

Tell us if you intend to make a claim or, if you have already claimed, what money you received from the insurance company and what you have spent it on?

**Part 10 About the expenses you need to meet**

**It is important that we know as much as possible about the items you need.**

Please note that any items awarded will be by means of a voucher. You will need to keep your receipts once you have purchased the item to show that you have spent the voucher on the items that the grant was given. Some items awarded may be re-used or recycled.

We will **not** reimburse costs for items already purchased.

What do you need?	How much will it cost?	Who will use it?

**Please make sure you tell us more about each other thing you need in *Part 14*.**

**Part 10 About the expenses you need to meet** continued

**Why is it needed?**

**Please tell us as much as you can about how these things will help you with your special difficulties. This may help us to deal with your application more quickly.**

- If you need something for the first time, tell us why you need it now, and how you have been managing without it.


**Local Welfare Provision will not normally replace items/appliances that are no longer working due to general wear and tear.**

**Part 11 About money you receive****Income**

**Please give information about your current income below. This includes all money that you receive.**

<b>Type of Income</b>	<b>You £'s Weekly</b>	<b>Other household £'s Weekly</b>
Wages/Salary		
Statutory Sick Pay – SSP		
Housing Benefit		
Income Support		
Job Seekers Allowance Income Based/Contribution Based – please specify		
Employment Support Allowance Income Based/Contribution Based – please specify		
Incapacity Benefit		
Disability Living Allowance Component Care and/or Mobility – please specify		
Personal Independence payment		
Attendance Allowance		
Severe Disablement Allowance		
Carers Allowance		
Statutory Maternity/Paternity Pay (SMP/SPP)		
Industrial Injuries Benefit/Industrial Disablement Benefit		
Child Benefit		
Child Maintenance		
Child Tax Credits/Working Tax Credits		
State Retirement Pension		
Pension Credit Savings Credit or Guarantee Credit – please specify		
Private/Occupational Pension		
Superannuation and/or Service Pension		
Annuity		
War Disablement Pension/War Widows Pension		
Bereavement Allowance		
Savings		
Other – please specify		
<b>Total</b>	<b>£</b>	<b>£</b>

**Part 11 About money you receive****Expenses/Outgoing**

**Please give information about your current expense/outgoings below.**

<b>Type of Expense/Outgoing</b>	<b>You £'s Weekly</b>	<b>Other household £'s Weekly</b>
Mortgage Payments		
Rent		
Council Tax		
Water Rates		
Ground Rent/Service Charge		
Buildings/Contents Insurance		
Life Insurance/Pension		
Gas		
Electricity		
Other Fuel		
Housekeeping		
TV Rental/Licence		
Child Maintenance Payments/Child Support		
Travelling Expenses		
Clothing		
Laundry		
Telephone/Mobile		
Broadband/Internet		
Sky/Virgin/Other Entertainment Packages		
Prescriptions/Health Costs		
Childcare Costs – please specify		
Car Insurance/Expenses		
Loans		
Credit Card/Catalogue Bills		
Fines or CCJ's		
Crisis Loans		
Other – please specify		
<b>Total</b>	<b>£</b>	<b>£</b>

**Please provide a copy of the last 2 months statements for all bank accounts and savings accounts registered in your name and for any other members of the household.**

**Part 12 About savings and any other money you could use.****Please tell us about any savings or other capital you or your partner have.****Do you, your partner, or your children or qualifying young person, have any money?****No**☐**Yes**☐

Tell us how much this is and who it belongs to

£

**Do you, your partner, or your children or qualifying young person, have any savings?**

Include money in

- Bank or building society accounts
- A credit union account
- National savings certificates
- Premium bonds
- Shares

**No**☐**Yes**☐

Tell us how much this is and who it belongs to

£

**Please list all bank or building society accounts here**

--

**Part 12 About savings and other money you could use** continued

**Is there any other money you or your partner could use?**

No

☐

Yes

☐

This could be from

- A credit card
- A loan or overdraft from a bank
- A store card
- Insurance policies you or your partner could claim on

How much?

£

Please tell us about this

---

**Can you or your partner get help from anywhere else, in cash or in kind?**

No

☐

Yes

☐

This could be from

- Relatives or friends
- Employers
- Charities and benevolent funds

How much?

£

Please tell us about this

Include items you could borrow

---

**Do you or your partner own any property, apart from where you live?**

No

☐

Yes

☐

Please tell us about this

**Part 13 About any other difficulties**

We need to know about any other difficulties you have not already told us about. These may be things like family problems, poor living conditions or coping after a disaster, but tell us about anything that makes your situation unusually hard to cope with.

**Please tell us below:**

- **What the difficulties are, and**
- **How will they affect you, your family, or someone you are, or will be, looking after**

**Part 14 Other information**

Check the information you have given us so far.

**If you want to tell us about any other circumstance in which you need help – tell us here.**

Use a separate sheet of paper if you run out of space, but please remember to put your name and National Insurance number clearly on each sheet you use.

Also make sure that your name is on any other papers you send to us with the form.

Part 15      **Signing the form for someone else**

**I am signing this form on behalf of the person named at *Part 1* because**

The person named at ***Part 1*** should sign the **Declaration** at ***Part 16*** Unless one or more of the following apply.

**I have Power of Attorney for them**

☐

**I have been appointed by the Secretary of the State to act on their behalf**

☐

**They agree to me making this application for them**

☐

Please send us a letter signed by the person name in ***Part 1***

**Your name**

Mr/Mrs/Miss/Ms

**Their date of birth**

/ /

**Address**

Postcode

**Daytime phone number**

Code:                      Number:

## Part 16 Declaration

This declaration is legally binding.

**Please read all points carefully and make sure you understand them before signing and dating the form.**

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that you may check the information I have given on this form.
- **I understand** that if I knowingly give information that is incorrect or incomplete, the Council may refuse this and any future applications for assistance from the Local Welfare Provision.
- **I understand** that if I/we give false or misleading information, the Council may take action against me. This may include court action.
- **I understand** that you may use the information I have given in connection with this and any other claim I have made or may make for state benefits. You may share information to other departments in the Council as well as other government agencies and private companies such as banks and organisations that may lend me money, if the law allows this.
- **I know** that I must tell you if my circumstances change after I make this application.
- **I declare** that if I am awarded a grant I will spend it on items that the award has been made for and that I must provide receipts if I am asked to do so.
- **I know** I must let the Council know about any change in my circumstances which might affect my application..

### Signature

--

### Date

/  /
------

## Part 17      **Application Checklist**

**Before returning your application, please tick that you have completed the following.**

**Any missing information may cause a delay in processing your application.**

- ☐ Check that you have completed all parts of the form that apply to you
- ☐ Attach a copy of your signed tenancy agreement and inventory schedule
- ☐ Attach a copy of the last two bank statements for all accounts registered in your name and for any other members of the household.
- ☐ Attach any supporting evidence
- ☐ You or your representative have signed the declaration in **Part 16** (if you have signed the form on behalf of someone else, please make sure you have given us your details in **Part 15**)

### **More Information.**

**If you need help filling out this form, you can ask someone else to fill it in for you or you can contact your local Citizens' Advice Bureau or other local voluntary advice organisation. If someone else has completed the form on your behalf, please remember that you need to sign the declaration in *Part 16* yourself.**

## Local Welfare Provision Diversity Monitoring Form

The Public Sector Equality Duty does not expressly require the Council to collect equality information. However, collecting, analysing and using the information helps us to see how our policies and activities are affecting various sections of our communities.

We will be grateful if you could take a little time to complete and submit this form. Please go through and tick all the categories that most accurately describe you. The information you provide on this form will be held in accordance with the Data Protection Act 1998 and treated with the strictest confidence.

It will only be used for the purpose stated above.

### Q1) Gender (please tick one box only)

☐ Male ☐ Female ☐ Prefer not to say

### Q2) If female, are you currently pregnant? (please tick one box only)

☐ Yes ☐ No ☐ Prefer not to say

### Q3) Is your current gender the one you were assigned at birth? (please tick one box only)

☐ Yes ☐ No ☐ Prefer not to say

### Q4) What is your age? (please tick one box only)

☐ Under 18 ☐ 25 - 34 ☐ 45 - 54 ☐ 65+  
☐ 18 - 24 ☐ 34 - 44 ☐ 55 - 64 ☐ Prefer not to say

### Q5) Do you have any of the following conditions? (please tick all that apply)

☐ A physical disability ☐ Any other long term condition  
☐ A sensory disability ☐ None of the above  
☐ A mental health condition ☐ Prefer not to say  
☐ Learning difficulties

### Q6) What is your ethnic group? (please tick one box only)

<input type="checkbox"/> WHITE English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/> MIXED White & Asian
<input type="checkbox"/> WHITE Irish	<input type="checkbox"/> MIXED Other (please write in) .....
<input type="checkbox"/> WHITE Gypsy or Irish Traveller	<input type="checkbox"/> ASIAN Indian
<input type="checkbox"/> WHITE other (please write in) .....	<input type="checkbox"/> ASIAN Pakistani
<input type="checkbox"/> BLACK OR BLACK BRITISH Caribbean	<input type="checkbox"/> ASIAN Bangladeshi
<input type="checkbox"/> BLACK OR BLACK BRITISH African	<input type="checkbox"/> CHINESE
<input type="checkbox"/> BLACK OR BLACK BRITISH other (please write in) .....	<input type="checkbox"/> ASIAN Other (please write in) .....
<input type="checkbox"/> MIXED White & Black Caribbean	<input type="checkbox"/> ARAB
<input type="checkbox"/> MIXED White & Black African	<input type="checkbox"/> OTHER (please write in) .....
	<input type="checkbox"/> Prefer not to say

**Q7) Which of the following best describes your religion or belief?** (please tick one box only)

☐

*Buddhist*

☐

*Sikh*

☐

*Christian*

☐

*No religion*

☐

*Hindu*

☐

*Other (please write in)*

☐

*Jewish*

☐

*Prefer not to say*

☐

*Muslim*

**Q8) Which of the following best describes your sexual orientation?** (please tick one box only)

☐

*Bisexual*

☐

*Heterosexual*

☐

*Gay man*

☐

*Other*

☐

*Gay woman/Lesbian*

☐

*Prefer not to say*

**Data Protection Act 1998**

**Please note that the information supplied on this form will be held and/or computerised by Bedford Borough Council. Summarised information from the forms may be published, but no individual details will be disclosed under these circumstances.**





## Contact us



**01234 718033**



**Local Welfare Team**

Bedford Borough Council



**localwelfareprovision@bedford.gov.uk**



**www.bedford.gov.uk**