



FINANCIAL ASSESSMENT FORM

This form is designed to enable the trustees of Headstart4Babies (Registered Charity 1112256) to assess your suitability for financial assistance towards treatment for plagiocephaly/brachycephaly. Please print this form, complete it in BLOCK CAPITALS giving as many details as possible and post it with any relevant supporting documentation to: Headstart4Babies, The Studio, 54 Woodfield Lane, Lower Cambourne, Cambridge CB23 6DS

Should you have any questions about the form, or your application for financial assistance, please email us at: info@headstart4babies.co.uk

Please note that information provided on this form will be used solely for the purposes of assessing your application for financial assistance and will not be disclosed to third parties under any circumstances.

SECTION 1

ABOUT YOU

Title (Mr, Mrs, Miss, Ms)	
Surname	
First Names	
Postal address	
Daytime phone no	
Mobile no	
Email address	

ABOUT YOUR PARTNER

Title (Mr, Mrs, Miss, Ms)	
Surname	
First Names	
Postal address*	
Daytime phone no	
Mobile no	
Email address	

**If different from above*

ABOUT YOUR BABY/CHILDREN

Surname	
First Names	
Date of birth	
How many other children do you have?	

SECTION 2

WHERE YOU NORMALLY LIVE

Are you (please tick):

A homeowner?	
A Council/Housing Association tenant?	
A private tenant?	
Living with friends/relatives?	
Living in a hostel/group home?	
Living in Supported Living?	

SECTION 3

THE BENEFITS YOU RECEIVE (please indicate amounts):

	You	Partner	How often
Income Support	£	£	
Disability Living Allowance	£	£	
Working Tax Credit	£	£	
Child Tax Credit	£	£	
Incapacity Benefit	£	£	
Child Benefit	£	£	
Maternity Allowance	£	£	
Maternity Pay	£	£	
Jobseekers' Allowance	£	£	
Other (please specify)	£	£	

Are you receiving or have you claimed (please tick):

Housing Benefit?	
Council Tax Benefit?	

SECTION 4

INCOME & PENSIONS

	You	Partner	How often
Net income (after tax and NI)	£	£	
Occupational pension	£	£	
Personal pension	£	£	
Other income (please specify)	£	£	
Other (please specify)	£	£	

SECTION 5

SAVINGS, CAPITAL OR INVESTMENTS

Please summarise your savings in the box below and provide recent documentary evidence:

--

SECTION 6

OUTGOINGS

Please summarise your savings in the box below and provide recent documentary evidence:

SECTION 6

OUTGOINGS (please give monthly amounts):

Rent	£	Childcare costs	£
Mortgage	£	Internet/Broadband	£
Endowment policy	£	Car insurance	£
Water rates	£	Car tax	£
Electricity	£	Petrol	£
Gas	£	Life insurance	£
Council Tax	£	Pet insurance	£
Service charge	£	Shopping*	£
Home insurance	£	Loans (specify):	
TV licence	£		
Satellite TV	£		
Telephone	£	Other outgoings (specify):	
Mobile	£		

*(excluding cigarettes and alcohol)

SECTION 7

HELMET PROVIDER DETAILS

Specialist name	
Company name	
Postal address	
Telephone	
Cost of treatment	
Travelling costs per visit	
Frequency of appointments	
Date of initial assessment	
Results of initial assessment	
Date of commencement of treatment	

SECTION 8

FUNDRAISING

Please provide details of any fundraising undertaken/planned and amount raised to date:

--

SECTION 9

SIGNATURES

Signature	
Date	
Full name	

Please return your completed form to:
Headstart4Babies, The Studio, 54 Woodfield Lane, Lower Cambourne, Cambridge CB23 6DS