



Application No. _____

Age Action and the Irish Red Cross discretionary Hardship fund April 2020.

APPLICATION FORM

CLOSING DATE FOR RECEIPT OF APPLICATIONS: 31/08/2020

This scheme is designed to provide relief to older people and vulnerable people from the hardships they experience due to the onset of the COVID-19 virus crisis

Relating to a ONCE-OFF ex-Gratia Contribution up to a maximum of €500 per person affected

Part 1 – Applicant’s Details:

- 1. Name: _____
- 2. Number of people affected: _____
- 3. Address: _____

- 4. Detail hardships experienced by you as a result of COVID-19 below:

5. Email address: _____

6. Mobile Phone Number: _____

7. Date of Birth: _____



8. Supports needed: Detail below what supports would be helpful and the level of finance required to meet them

9. Co Funding: Is any other organisation or person able to assist with funding your needs, if yes who and to what extent.

10. Is any other Agency, State or Voluntary offering you support? If so, do you want us to contact them?

Yes [] No []

11. Staff/Volunteers from Age Action or the Irish Red Cross may contact you to arrange a visit or call.

Are you in agreement with such a visit/call?

Yes [] No []

12. Please provide any other relevant information to your application:

Please provide copies of any documentation or photographs you may consider relevant in support of your application.



13. Declaration:

(Must be signed by the applicant)

I declare, that the information given by me in this application is correct and complete and may be retained and used by Age Action Ireland and the Irish Red Cross Society for the sole purpose of determining the eligibility under this Hardship Scheme. The data provided may have to be verified with the relevant third parties referenced in the application. I have read and agree with the data protection statement set out in relation to this scheme on the Age Action and the Irish Red Cross Websites (<https://www.redcross.ie/data-protection/>) I undertake to provide any further information sought in connection with my application. I undertake to advise Age Action or the Irish Red Cross Society immediately of any changes in circumstances which may occur affecting my eligibility for funding under this Humanitarian Hardship Support Scheme.

I AM AWARE OF THE CONTENT OF THIS APPLICATION AND I KNOWINGLY MAKE THIS DECLARATION

SIGNATURE OF APPLICANT _____

DATE _____

CAPACITY _____ : (Individual//Other)

I AGREE TO THE DETAILS OF HOW THIS GRANT HAS ALLEVIATED THIS HARDSHIP BEING SHARED TO DONORS AND THE PUBLIC (IN MEDIA/PR AND ON SOCIAL MEDIA) BY AGE ACTION AND THE IRISH RED CROSS TO ASSIST IN COMMUNICATING IMPACT. (ALL IMPACT STORIES WILL BE ANONYMOUS).

SIGNATURE OF APPLICANT _____

DATE _____

14. Payments

If Age Action and the Irish Red Cross decide to offer you financial support can you indicate the best way we can offer you financial support:-

i) Send the money via bank transfer (see attached) []

ii) Other (please give details) []



Crois Dhearg na hÉireann
Irish Red Cross





15. Bank Transfer Payment via SEPA:

Business Bank Account Name:

Bank Name:

Bank Address:

IBAN:

BIC:

I certify that this is the bank account into which the payment should be made.

Signed: _____

Return completed form to:-

“Private and Confidential”,
Irish Red Cross,
16 Merrion Square,
Dublin 2.

Or

Email: hardship2020@redcross.ie

For further information call: 01-6424600 or 01-475 6989