Heads On Bursaries

APPLICATION FORM FOR THE FOLLOWING FUNDS:  
  
Sussex Staff in Mind  
Covid Restoration Bursary Fund

**PLEASE TICK THE RELEVANT BOX FOR THE FUND YOU ARE APPLYING FOR:**

* Sussex Staff in Mind Fund
* Covid Restoration Bursary Fund

We would like to offer successful applicants the opportunity to provide a testimony of how these funds have helped to support them through Case Studies that help us learn what areas need our development and support. If you would like to share your story and tell others about how this money has improved your situation please tick the box below. Please note if you agree to take part in a Case Study this can be done anonymously if you prefer and no personal details will be shared outside of your conversation with Heads On.

Please ensure that you have referred to the correct guidance and information sheet for the fund you are applying for. Guidance can be found on our website.

You can expand the boxes. **NB:** Please use Microsoft Word to complete this form where you can. We have noticed that applications from Google Docs have several sections missing, leading to a delay in processing. If you are unable to use Word, please be aware that we may need to follow up with you on some details.

**Contact Details**

Name

Address

Mobile number

Email Address

**1. Please tell us how you have been impacted by Covid-19, including how your financial circumstances have been affected?**

**2. Please tell us what the funds are needed for?**

**3. Please tell us how much you are requesting?**

**REMEMBER TO INCLUDE VAT WITHIN YOUR COSTS IF YOU WILL NEED TO PAY IT.**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Sub-total** |  |
| **Total** |  |

**4. Declaration for Covid Restoration Bursary Fund Applicants**

I confirm that all information in this form is accurate and I am facing financial hardship as a result of Covid-19.   
 I confirm that I am a current service user of Sussex Partnership NHS Trust or Carer of a service user.

**Signed:** **Date:**

**Print Name:**

**5. Declaration for Sussex Staff in Mind Fund Applicants**

I confirm that all information in this form is accurate and I am facing financial hardship as a result of Covid-19.

I confirm I am employed in the health and social care sector of an organisation within our Integrated Care System.

Which organisation do you work for?

Please state your profession and banding:

**Signed:** Date:

**Print name:**



**5. Bank details**

In order that we can ensure successful applicants receive their grant as soon as possible, please complete your bank details below. Payments will be made by CHAPS, which should mean successful applicants will receive their grant within a week of it being approved. Please ensure that the bank details provided are your bank details.

Name on the account:

Bank name:

Account Number:

Sort Code:

**NB:** Please do **not** save this form as a PDF. As part of the independent review process, any identifying information is removed. However, if the form is sent as a PDF or another document that cannot be edited, we are unable to anonymise applications, delaying the process.

Your completed form should be sent to:

[GrantsHeadsOn@sussexpartnership.nhs.uk](mailto:GrantsHeadsOn@sussexpartnership.nhs.uk)

If you are still unsure or have any questions, please contact Jennie Bell on 07388 228575 or by email [Jennie.Bell@sussexpartnership.nhs.uk](mailto:Jennie.Bell@sussexpartnership.nhs.uk)

**Application Reference Number: ……**

**Name of Reviewer :**

**Date of Review :**

**Decision - (Granted Y/N)**

**Reviewer Comments :**