

21 Avenue Road, Southall, Middlesex, UB1 3BL

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[www.southallblacksisters.org.uk](http://www.southallblacksisters.org.uk)

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| **No Recourse Fund** | | | | | | | | | | | | | | |
| *(Please answer ALL question and tick boxes as appropriate)*  *(Please note if ALL the questions are not answered fully this will result in a delay in approving the application)* | | | | | | | | | | | | | | |
| **Date of Application**: | |  | | / |  | / |  | **Applicant ID**: | |  | | (office use only) |
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| **(1) ABOUT THE APPLYING ORGANSIATION** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Name of Organisation: | |  | | | | | | | | | | |
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| Address of Organisation: | |  | | | | | | | | | | |
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| Postcode: | |  | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| Name of Local Authority: | |  | | | | | | County: | |  | | |
|  | | | | | | | | | | | | |
| Phone Number: | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Fax Number: | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | |

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| **(2) WHAT TYPE OF ORGANISATION ARE YOU?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Voluntary Organisation | | | | | | | | | | | |  | | BME Women’s Refuge | | | | | | |
|  | Women’s Refuge | | | | | | | | | | | |  | | Other Non-Statutory Organisation *Please briefly describe your organisation.* | | | | | | |
|  | | | | | |
| **Please provide a copy of your constitution, aims and objectives, and safeguarding policies.** | | | | | | | | | | | | | | | | | | | | | |
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| **(3) PLEASE PROVIDE CLIENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the applicant a victim of**: | | | | | | | |  | | Domestic Violence | | | | | | | | | | | |
|  | | | | |  | | | | | Prostitution and/or Trafficking | | | | | | | | | | | |
|  | | | | |  | | | | | Other Gendered Violence *(please specify)* | | | | | | | | | | | |
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| Name: | |  | | | | | | | | | | | | | | | | | | Age |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Nationality: | | |  | | | | | | | | | | | Country of origin: | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Number of dependent children: | | | | | | | | |  | | | | | | | | Ages of Children: | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Sex of Children: | | | |  | | | | | | | | | | | | | | | | | |
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| Originating local authority client fleeing from: | | | | | | | | | | | |  | | | | | | | | | |
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| Married/Civil Partnership: | | | | | | |  | | | | | | | | | | | | | | |
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| Client’s Telephone Number: | | | | | | |  | | | | | | | | | | | | | | |
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| **Please also fill in the Equality Monitoring Form attached.** | | | | | | | | | | | | | | | | | | | | | |
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| **(4) TYPE OF ACCOMMODATION** | | | | | | | | | |
|  | | Women’s Refuge |  | BME Women’s Refuge | |  | Bed and Breakfast |
|  | | Hostel |  | Other *please specify* |  | | |
| Please provide details, including phone number, fax number and email address, of the accommodation provider if different from Question (1). | | | | | | | |
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| **(5) PLEASE PROVIDE A BRIEF DESCRIPTION OF THE INDIVIDUAL APPLICANT’S SITUATION.** *(Please use a separate sheet if necessary)* | | |
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| **(6) ARE THERE ANY ADDITIONAL NEEDS/ISSUES** | | |
| Health/mental health issues: include anything considered relevant. Mental health should be defined in the widest sense possible i.e. not just known medical condition. Tell us of any needs that arise as a result of the health issues. *(Please tell us as much as possible and use a separate sheet if necessary)* | | |
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| **(7) PLEASE INDICATE BELOW THE INDIVIDUAL APPLICANT’S STATUS ON ARRIVAL INTO THE UK** | | | | | |
|  | Subject to the Five-Year Spouse Rule (formerly ‘the two-year rule’) | | |
|  | Overstayer- Please specify the original type of Visa | |  |
|  | Asylum Seeker – not eligible for NASS (National Asylum Support Service) | | |
|  | Student Visa | | |
|  | Dependent Visa | | |
|  | Domestic Servant | | |
|  | Visitor’s Visa | | |
|  | Other *(please specify)* |  | |

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**Please state status on arrival into the service**

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**Please provide documentary evidence as confirmation of applicant’s status and her ineligibility to public funds. For example: copy of her passport, letter from social services or a letter from the applying organisation. (If there is any difficulty in providing this information, please contact SBS for further help.)**

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| **(8) HAS AN APPLICATION BEEN MADE FOR INDEFINITE LEAVE TO REMAIN?** | | | | | | | | |
|  | | Yes |  | No | | |
| If ‘No’ please state reason: | | | | |  |
| If ‘Yes’ please provide further details: | | | | | | |
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| **(9) HAVE ANY OTHER APPLICATIONS FOR FINANCIAL ASSISTANCE BEEN MADE BY/FOR THE INDIVIDUAL APPLICANT?** | | | | | | | | | | | | | | | | | | | | | | |
| Have you made other applications for financial assistance? | | | | | |  | | Yes | |  | | | No | | | | | | | |
| If ‘Yes,’ please state what and where? | | | |  | | | | | | | | | | | | | | | | |
| **Please provide a copy of the decision letter.** | | | | | | | | | | | | | | | | | | | | |
| **(10) WHAT OTHER SOURCE OF INCOME DOES THE APPLICANT HAVE?** | | | | | | | | | | | | | | | | | | | | | | |
| Child Benefit? | |  | Yes | | |  | | No | | | | | | | | | | | | |
| If yes, please state the amount received per week: £ | | | | | | | | | | | | | |  | | | | |  | |
| Child Tax Credits? | | |  | Yes | | |  | | No | | | | | | | | | | | | | |
| If yes, please state the amount received per week per child: | | | | | | | | | | | | | | | | (1) £ | |  |  | | | |
|  | | | | | | | | | | | | | | | | (2) £ | |  |  | | | |
|  | | | | | | | | | | | | | | | | (3) £ | |  |  | | | |
| **Please provide a copy of the entitlement letter or bank statement.** | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant work? | | | | | |  | | Yes | |  | | No | | | | | | | | | | |
| If yes, please state her net pay per week: £ | | | | | | | | | | | | |  | | | |  | | | | | |
| **Please provide 3 months wage slips.** | | | | | | | | | | | | | | | | | | | | | | |
| **(11) HOW DO YOU PLAN TO CONTINUE SUPPORTING THIS APPLICANT AFTER THE ‘NRF’ MONEY RUNS OUT?** | | | | | | | | | | | | | | | | | | | | | | |
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| **(12) PLEASE STATE WHAT THIS APPLICATION FOR FUNDING IS FOR?** | | | | | |
| **Please read the guidance notes on maximum payments made for living expenses and accommodation.** | | | |
|  | Subsistence | | |
|  | Accommodation costs (rent) | | |
| If ‘rent’ please state amount per week: £ | | |  |  | |
| **Please send a photocopy of the Client’s Licence or Tenancy Agreement, which clearly shows weekly rent.** | | | | | |

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| **(13) CONTACT DETAIL FOR PAYMENTS** | | | | | | | | | | | | |
| Please state name of organisation the cheque is to be made payable to, including the postal address: | | | | | | | | | | | |
| Please provide bank details if you want a bank transfer: | | | | | | | | | |
| Name of Bank: | | |  | | | | | | |
| Name of Account: | | | |  | | | | | |
| Account Number: | | | |  | | | | | |
| Sort Code: |  | | | | | | | | |
| Please note the cheque will be sent to the organisation address as specified above | | | | | | | | | |
| Name of person to contact if there are any queries: | | | | | | | | |  |
| Position within the organisation: | | | | | | | |  | |
| Contact telephone number: | | | | | | |  | | |
| Contact email address: | | | | | |  | | | |
| Fax Number: | | |  | | | | | | |

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| **(14) PLEASE ENSURE YOU PROVIDE THE FOLLOWING DOCUMENTATION:** |
| * A copy of your constitution including your aims and objectives, and safeguarding policies * Evidence of the woman’s immigration status and ineligibility to public funds * Licence or Tenancy Agreement clearly stating the weekly rental charge * Where applicable: evidence of Child Benefit. * Where applicable: evidence of Child Tax Credits * Where applicable: three months’ pay slips * Where applicable: local authority decision letters * Ensure you send us a completed Equality Monitoring Form. |
| **PLEASE NOTE ORIGINAL DOCUMENTS MUST NOT BE SENT, AS THEY CANNOT BE RETURNED** |
| **(15) DECLARATION** |
| We confirm:   * That we understand and accept the conditions of NRF funding including the following:   1. We agree to help the applicant, during the period of funding, to obtain alternative financial assistance.   2. We will also ensure that, when applicable, we will send to SBS the completed Outcome/Satisfaction Form with our invoice and co-operate in providing interviews if required for evaluation.   3. We understand and accept that if we fail to meet these conditions, NRF payments maybe withheld. * That we will use the NRF to pay the applicant’s weekly rent. We will also ensure a copy of the rent statement is sent to SBS with our invoice. * That we will pay the weekly subsistence payments only to the applicant named in this application, and that we will complete the Subsistence Record Form and ensure this is signed by the applicant and returned to SBS. * That we will inform Southall Black Sisters of any change in the applicant’s circumstances during the period of funding. * That we will immediately repay any money to Southall Black Sisters if:   1. The woman receives financial assistance from any other sources (including social security benefits, Social Services or from NASS).   2. There is a change in the applicant’s circumstance (e.g. if the applicant returns to her partner or moves away from the area and we can no longer issue payments to her, or the applicant’s income has otherwise increased). * That we have discussed this application form with the applicant, and she agrees with the content of the form and confirms this by her signature below. * That our signature below confirms that we are committed to actively assisting the applicant to obtain financial assistance where appropriate from Social Services and/or in pursuing other avenues of assistance that might be available to the applicant. |

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| **Signature** |  | | | | | | | | **Name** (*please print)* |  |
| Please state your position within the organisation: | | | | | | | |  | | |
| **Applicant’s Signature** | |  | | | | | | | | |
| **Name** (*please print)* | |  | | | | | | | | |
| **Date**: | |  | / |  | / |  |  | | | |

**Please return the signed Application Form with the required documents to:**

Southall Black Sisters  
SBS NO RECOURSE FUND  
21 Avenue Road  
Southall  
Middlesex  
UB1 3BL

Email: [nrpf@southallblacksisters.co.uk](mailto:nrpf@southallblacksisters.co.uk)

Tel: 0208 571 9595

Fax Number: 0208 574 6781