The Orchard, 1 – 2 Gleneagles Court

Brighton Road, Crawley RH10 6AD

Tel: 01293 657055

Email: reception@relationshipssussex.org

CLIENT SUBSIDY SCHEME APPLICATION

If you are unable to pay the full cost of your counselling, we may be able to offer a subsidy for up to seven sessions: the initial assessment and 6 further counselling sessions.

To apply please complete this form and return it to the above address or email to reception@relationshipssussex.org

All information given is treated with the strictest confidence and will not be passed on to any third parties.

You will be assessed on your joint income if applying as a couple. If applying as an individual, you will be assessed on your own income.

The counselling relationship is one of honesty and trust, we trust you to be honest about your earnings.

**Name(s)**

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|  |

**Email Address(es)**

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**Employment Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Applicant** | **Please tick correct box** | **Second Applicant** | **Please tick correct box** |
| Employed |  | Employed |  |
| Self Employed |  | Self Employed |  |
| Unemployed |  | Unemployed |  |
| In receipt of pension |  | In receipt of pension |  |
| Other (please state) |  | Other (please state) |  |

**Monthly Income**

We are keen to assist as far as we can with the cost of counselling. However, we do need to see documentation to support your application.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Applicant** | **£ Per Month** | **Second Applicant** | **£ Per Month** |
| Net monthly wage (average if shifts) |  | Net monthly wage (average if shifts) |  |
| Maintenance or child support |  | Maintenance or child support |  |
| Rental income (boarders or lodgers) |  | Rental income (boarders or lodgers) |  |
| Universal Credit/Jobseekers Allowance/Income Support |  | Universal Credit/Jobseekers Allowance/Income Support |  |
| Working Tax Credit |  | Working Tax Credit |  |
| Child Tax Credit |  | Child Tax Credit |  |
| Child Benefits |  | Child Benefits |  |
| Disability Living Allowance/Incapacity Benefit/PIP |  | Disability Living Allowance/Incapacity Benefit/PIP |  |
| Housing Benefit |  | Housing Benefit |  |
| Pension payments |  | Pension payments |  |
| Other income (please give details) |  | Other income (please give details) |  |
| **TOTAL** |  | **TOTAL** |  |

**Proof of income**

For each person undertaking counselling, you will need to enclose with your form the following:

• 3 of your most recent payslips. If you are self-employed, a copy of relevant accounts or a letter from your accountant, instead of payslips.

• 3 of your most recent bank statements detailing all income as detailed above. If it is not clear please mark the statement to illustrate the source of income.

All documents will be destroyed once a decision has been made. We ask for financial details in order to assess your eligibility for a reduced fee.

**Number of dependants and ages**

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| --- |
|  |

Any further information to support your application

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I/We confirm that the information given is correct to the best of my/our knowledge at the time of application.

Signed date Signed date

**Thank you for taking the time to complete this application**

**The Centre Manager will review the information and a decision will be emailed to you shortly**

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| Subsidy rate assessed at: £Date confirmation sent:  |