

Young Person's Agreement to Terms and Conditions and Data Protection Statement



Family Fund

Helping disabled children

Family Fund No.

Date Application received: ____ / ____ / ____



Our Terms and Conditions and Data Protection Statement are enclosed with this form and can also be found on the 'How we help' section of our website www.familyfund.org.uk. This document explains how we will store and use the information about you provided to us, so for your own benefit and protection please read them carefully before signing the form, as we intend to rely on them. If you do not understand any part of the Terms and Conditions and Data Protection Statement, please ask us for further information.

Young Person's name: * _____

Young Person's date of birth: ____ / ____ / ____

By signing below you will be providing us with your explicit consent to us using the information contained within the original application submitted and any subsequent related correspondence with your main carer or you for the purposes of:

1. processing and considering your application (including to understand whether you meet our Young Person's Eligibility Criteria, whether your family circumstances meet our relevant criteria and, if so, how we can help you and best provide support to you);
2. discussing the application with the main carer where necessary. If you would like the application to be discussed with you instead of the main carer, please contact us; and
3. if your application is successful, informing you/your main carer of any subsequent grants, advice or other support services that we are able to provide within 12 months of your award date

Signed: _____

Date: ____ / ____ / ____



*Note for main carer: If, and only if, this young person does not have the ability or capacity to sign the form, please read and sign below:

I confirm that the young person I am applying for does not have the ability or capacity to sign this declaration. I have the authority to act and agree to the above statement on their behalf.

Signed: _____

Print your name: _____

Date: ____ / ____ / ____

Please return to:

Family Fund, Unit 4, Alpha Court, Monks Cross Drive, Huntingdon, York, YO32 9WN