

**Boloh Helpline**

**Emergency Covid Appeal**

**Section A: Referral made by**

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|  | |
| Name of person making the referral: |  |
| Telephone number of person making the referral: |  |
| Email address of person making the referral: |  |

**Section B: Child/young person’s details**

|  |  |
| --- | --- |
| **Details of the Child (who is the subject of the application)** | |
| Adult and Child/ young person details (name, DOB, address, telephone) |  |
| Confirm consent obtained for Helpline to contact service user | **Yes / No** |

|  |  |
| --- | --- |
| **Application details** | |
| What is the reason for the application to the Fund? |  |
| What attempts have been made to obtain funds from other sources (eg Section17 payments) to support the identified need? |  |
| What do you want funds for? |  |
| How much do you want from the fund to support the child/young person named?  Please itemise requests (e.g. laptop £299) | **Total £** |