



APPLICATION FOR SCHOOL UNIFORM GRANT (YEAR 7)

Surname of Applicant: Initials: Title: Mr/Mrs/Ms

Relationship to Pupil(s): National Insurance No. Date of Birth

Full Home Address:

Post Code: Tel:

Please set out below the full names and details of each dependant child who is starting Secondary School in September

Full Name	Date of Birth	Secondary School

To qualify for a Uniform Grant applicants must be in receipt of **Income Support, Job Seekers Allowance (Income based), Support under part VI of the Immigration and Asylum Act 1999, Child Tax Credit**, provided they are not entitled to **Working Tax Credit** and have an annual income that does not exceed £16,190. Income-related Employment and Support Allowance, State Pension Credit or Universal Credit. **YOU DO NOT NEED TO SUBMIT ANY PROOF OF ENTITLEMENT WITH THIS FORM.**

Do you have a Bank/Building Society Account? Yes No

If yes please give the following details:

Account Name: Account Number:

Sort Code: Bank/Building Society Address:

The payment will go directly into your Bank/Building Society Account (Bacs Payment).
If you do not have a Bank/Building Society Account payment will be made by voucher.

The information on this form is held on a computer and is therefore covered by the Data Protection Act 1998. We must protect the public funds we handle, so we may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purpose, with other organisations which handle public funds.

I certify that the information given, is, to the best of my knowledge, correct.

Signature of Applicant: Date:

Please Note: Any deliberate mis-statement or omission of material particulars may render you liable to criminal and civil proceedings.
Please return this form to: Education Business Support, Education & Youth, County Hall, Mold, Flintshire CH7 6ND or Email: edubusinesssupport@flintshire.gov.uk

PAYMENT SLIP (DETAILED)

VENDOR ID 5 Numeric - Post Code **TERMS ID** **ORG. ID** **E**

VOUCHER AMT £ **APPROVED FOR PAYMENT BY**

INVOICE ID 22 alpha/Numeric **U N I F O R M G R A N T 1 7 / 1 8** **INVOICE DATE**

PURCHASE ORDER **ENC (Y)** **SINGLE CHQ (Y)** **(AP301B)**

VAT 1 AMT **VAT CODE 1** **VOUCHER I.D.**

VAT 2 AMT **VAT CODE 2**

AMOUNT	VAT Code	ACCOUNT NUMBER CODE	G/L REF4		C
£	p	SERVICE COST DETAIL	RI/MDF	ORDER No	
		VEB 1 1 1 6 1 1 1			
TOTAL		DEPT. INITIAL <input type="text"/>	FINANCE CHECKED <input type="text"/>		

VAT CODE
V = Standard Rated E = Exempt N = Outside Scope Z = Zero Rated T = Inv. Std Vat Only L = Fuel & Power



CAIS AM GRANT GWISG YSGOL (BLWYDDYN 7)

Enw'r Ymgeisydd: Llythrennau Cyntaf: Teitl: Mr/Mrs/Ms

Perthynas â'r Disgybl(ion): Rhif Yswiriant Gwladol Dyddiad Geni

Cyfeiriad Llawn:

Cod Post: Rhif Ffôn:

Rhowch enw llawn a manylion pob plentyn dibynnol sy'n dechrau yn yr Ysgol Uwchradd ym mis Medi.

Enw llawn	Dyddiad Geni	Ysgol Uwchradd

I gymhwyso am Grant Gwisg Ysgol rhaid i'r ymgeiswyr fod yn derbyn Cymhorthdal Incwm, Lwfans Ceisio Gwaith (Seiliedig ar Incwm), Cymorth o dan Adran VI o Ddeddf Lloches a Mewnfudo 1999, Credyd Treth Plant, ar yr amod nad ydynt yn gymwys i gael Credyd Treth Gwaith ac nad yw eu hincwm blyneddol yn fwy na £16,190.00. Lwfans Cyflogaeth a Chymorth yn Seiliedig ar Incwm, Credyd Pensiwn y Wladwriaeth, neu Gredydd Cynhwysol. **NID OES YN RHAID I CHI GYFLWYNO UNRHYW BRAWF O HAWL GYDA'R FFURFLEN HON.**

Oes gennych chi Gyfrif Banc/Cyfrif Cymdeithas Adeiladu? Oes Nac Oes

Os oes, rhowch y manylion a ganlyn:

Enw'r Cyfrif: Rhif y Cyfrif:

Cod Didoli: Cyfeiriad Banc/Cyfeiriad Cymdeithas Adeiladu:

Bydd y taliad yn mynd syth i'ch Cyfrif Banc/Cyfrif Cymdeithas Adeiladu (Taliad Bacs).

Os nad oes gennych Gyfrif Banc/Cymdeithas Adeiladu, cewch y taliad ar ffurf taleb.

Mae'r wybodaeth ar y ffurflen hon wedi'i chadw ar gyfrifiaduwr, ac felly mae Deddf Diogelu Data 1998 yn gymwys. Mae'n ofynnol i ni ddiogelu'r arian cyhoeddus yr ydym yn ei drafod, felly gallwn ddefnyddio'r wybodaeth a roesoch ar y ffurflen hon er mwyn atal a chanfod twyll. Gall y Cyngor hefyd rannu'r wybodaeth hon, i'r un diben, gyda sefydliadau eraill sy'n trafod arian cyhoeddus.

Rwy'n tystio bod y wybodaeth a roddir yn gywir, hyd y gwn orau.

Llofnod yr Ymgeisydd: Dyddiad:

Sylwch: Os byddwch yn cynnwys unrhyw wybodaeth anghywir neu'n hepgor gwybodaeth o bwys, a hynny'n fwriadol, mae'n bosibl y byddwch yn wynebu achos troseddol ac achos sifil.

Dychwelch y ffurflen at: Cymorth Busnes Addysg, Addysg ac Ieuenctid, Neuadd y Sir, Yr Wyddgrug, Sir y Fflint CH7 6ND neu e-bostiwch: edubusinesssupport@flintshire.gov.uk

PAYMENT SLIP (DETAILED)

VENDOR ID 5 Numeric - Post Code		<input type="text"/>		TERMS ID	<input type="text"/>	ORG. ID	<input type="text"/>	<input type="text"/>
VOUCHER AMT	£	<input type="text"/>		APPROVED FOR PAYMENT BY	<input type="text"/>			
INVOICE ID 22 alpha/Numeric	<input type="text"/>				INVOICE DATE		<input type="text"/>	
PURCHASE ORDER	<input type="text"/>		ENC (Y)	<input type="checkbox"/>	SINGLE CHQ (Y)	<input type="checkbox"/>	(AP301B)	
VAT 1 AMT	<input type="text"/>		VAT CODE 1	<input type="text"/>		VOUCHER I.D.		
VAT 2 AMT	<input type="text"/>		VAT CODE 2	<input type="text"/>		<input type="text"/>		

AMOUNT	VAT Code	ACCOUNT NUMBER CODE			G/L REF4				C
£	p	SERVICE	COST	DETAIL	RI/MDF		ORDER No		
		V	E	B 1 1 1 6 1 1 1					

VAT CODE **TOTAL** **DEPT. INITIAL** **FINANCE CHECKED** 1617/01516

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