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| **Victim Support Scotland’s Victims’ Fund** | | | | | | | | | |
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| The Fund is open to people affected by crime across Scotland who are in urgent need of financial help, as a result of what they have experienced. | | | | | | | | | |
| Examples of requests that may be considered include: emergency household, food, utility or clothing expenses; costs to repair or replace damaged property or goods; contributions to funeral costs; removal costs; travel costs to a place of security or to attend court; or security equipment costs.  Please note that other types of expenditure will be considered if need is identified and eligibility criteria are met.  **Applications must be endorsed and submitted by the referral organisation acting in their professional capacity**. | | | | | | | | | |
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| Please fill out the application by typing in the fields below: | | | | | | | | | |
| Applicant Details | | | | | | | | | |
| Applicant Name: | | | | | | | | | |
| Address: | | | | | | | | | |
|  | | | | | | | | | |
| Telephone No: | | | | | | | | | |
| Is it safe to phone the applicant? | | | | | | | | | |
| Referral Organisation | | | | | | | | | |
| Organisation: | | | | | | | | | |
| Address: | | | | | | | | | |
| Contact Name: | | | | | | | | | |
| Contact Role: | | | | | | | | | |
| Contact Telephone No: | | | | | | | | | |
| External Assessment Criteria | | | | | | | | | |
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| Please provide details of the crime: | | | | | | | | | |
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| When did the crime take place? | | | | | | | | | |
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| **Please note that the three main eligibility criteria below must be met for the application to be progressed.** | | | | | | | | | |
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| Explain how the applicant is in urgent need of financial help: | | | | | | | | | |
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| Explain how the need is linked to the crime: | | | | | | | | | |
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| Demonstrate that the need cannot be met by any other means or other external funds: | | | | | | | | | |
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| **The following criteria must be completed in full:** | | | | | | Yes | No | N/A | |
| Is the applicant resident in Scotland? | | | | | |  |  |  | |
| If the applicant is resident outwith Scotland, have they been bereaved by a crime that occurred within Scotland? | | | | | |  |  |  | |
| Is the applicant’s full address, with postcode, included? | | | | | |  |  |  | |
| Has the crime been reported to the Police or another organisation?  *If another organisation, please provide details:* | | | | | |  |  |  | |
| Can any other organisation meet this need?  *Please provide details of enquiries made and outcome* | | | | | |  |  |  | |
| Have other external funds been accessed in relation to this claim?  *If yes, please provide details, including amount:* | | | | | |  |  |  | |
| Have previous claims been made to the VSS Victims’ Fund in relation to this crime?  *If yes, please provide total amount to date:* | | | | | |  |  |  | |
| Are details of requested goods or services for funding attached?  *Can include: quotes, item summaries, formal estimates, prior receipts for similar purchases, links to online items or screenshots. Please note that estimated figures without this back-up will not be progressed.* | | | | | |  |  |  | |
| Is direct payment to be made to applicant?  ***Please note: limit of £100****, this is usually only made in exceptional circumstances. In most cases payments will be made directly to supplier of goods/services.*  *You will be contacted to provide bank details, if required.* | | | | | |  |  |  | |
| Has the personal declaration below been signed and dated? | | | | | |  |  |  | |
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| What needs have been identified, and how will this claim benefit the applicant?  *Provide details and item/services summary here:* | | | | | | | | | |
| **Total amount requested:** | | | | | | | | | |
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| Personal Declaration | | | | | | | | | |
| We, the applicant and referral organisation, hereby make application to Victim Support Scotland’s Victims’ Fund. We declare that the facts and circumstances set out in the application are true and correct, and within the knowledge of the referral organisation. Where a direct payment is made, the applicant has an obligation to ensure that funds are spent in line with the needs laid out in this application. Receipts should be obtained and held by the applicant. Victim Support Scotland’s Victims’ Fund may be in touch subsequently to request copies of receipts for audit purposes.  I, the applicant, additionally can confirm that I know the referral organisation contact in a professional capacity only.  We, the applicant and referral organisation contact, are happy for Victim Support Scotland to keep our personal data in order to process this application and understand we can view our data rights at <https://victimsupport.scot/privacy-notice/> | | | | | | | | | |
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| **Applicant Signature:** | | | | | **Date:** | | | |
| **Referral Contact Signature:** | | | | | **Date:** | | | |
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| Once you have completed all fields and the application has been signed, please email to: [victimsfund@victimsupportsco.org.uk](mailto:victimsfund@victimsupportsco.org.uk) | | | | | | | | | |
| *Victim Support Scotland is a Scottish Charitable Incorporated Organisation, registered in Scotland SC002138. Registered office 15-23 Hardwell Close, Edinburgh EH8 9RX.* | | | | | | | | | |
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| Office Use Only | | | | | | | | | |
| **VSS internal reference:** | | | | | | Yes | No | N/A | |
| Has the address and postcode been verified? | | | | | |  |  |  | |
| Is the referral contact and organisation known to VSS?  *Please call referral organisation to confirm details, if required.* | | | | | |  |  |  | |
| Has urgent need been identified? | | | | | |  |  |  | |
| Is the amount requested reasonable in relation to the need identified? | | | | | |  |  |  | |
| Are goods/services to be purchased by VSS directly? | | | | | |  |  |  | |
| Is direct payment to be made to the applicant?  *Note limit of £100, director approval required for exceptional circumstances.* | | | | | |  |  |  | |
| Are cost of goods/services to be reimbursed to applicant?  *If yes, are receipts/invoices/proof of payment included in application?*  *List here:* | | | | | |  |  |  | |
| For direct payment OR reimbursement, please contact applicant to confirm bank details below, and mark as complete: | | | | | |  |  |  | |
| Has personal declaration been signed and dated?  *Must have both applicant and referral org. contact if external application.* | | | | | |  |  |  | |
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| **Bank Details** | | | | | | | | | |
| Account Name | | | Sort Code | Account Number | | | | | |
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| Amount Authorised: | |  | | | | | | | |
| Authorised by: | |  | | | | | | | |
| Date: | |  | | | | | | | |