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**Derbyshire Safeguarding Adults Board**

**Vulnerable Adults Risk Management (VARM) Hoarding Grant**

**Application Form**

**Related Documents**

* VARM Hoarding Grant Guidance

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| 1. **DATE OF APPLICATION** | Click or tap here to enter text. |

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| 1. **ADULT’S DETAILS** | |
| **Mosaic PIN** | Click or tap here to enter text. |
| **VARM Case Reference Number** | Click or tap here to enter text. |
| **Name** | Click or tap here to enter text. |
| **DOB** | Click or tap to enter a date. |
| **Address** | Click or tap here to enter text. |

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| 1. **VARM CHAIR’S DETAILS** | |
| **Name** | Click or tap here to enter text. |
| **Position** | Click or tap here to enter text. |
| **Agency** | Click or tap here to enter text. |
| **Phone and email** | Click or tap here to enter text. |

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| 1. **PARTNER AGENCIES INVOLVED IN THE VARM PROCESS**  * *Please state below which partner agencies are also involved in the VARM process.* |
| Click or tap here to enter text. |

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| 1. **REASON AND CIRCUMSTANCES OF APPLICATION**  * *Please include what the funds will be used for and the desired outcome.* |
| Click or tap here to enter text. |

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| 1. **WHAT OTHER FUNDING HAS BEEN CONSIDERED?**  * *Please enter Yes or No, where appropriate.* | | | | |
| **Adult** | Choose an item. |  | **Family** | Choose an item. |
| **Landlord** | Choose an item. |  | **Charities** | Choose an item. |
| **Other benefits or grants** | Choose an item. |

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| 1. **CONTRIBUTION AMOUNT REQUESTED – up to a maximum of £600.00 per household**  * *Please provide an accurate costing, including VAT.* | |
| **Contribution amount requested** | Click or tap here to enter text. |
| **Please confirm quote is provided with this application** | Click or tap here to enter text. |
| **Details of costing** | Click or tap here to enter text. |

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| 1. **PREFERRED METHOD OF PAYMENT**  * ***An invoice is the preferred method;*** * *Please enter Yes or No, where appropriate.* | | | | |
| **Invoice**  *Preferred method* | Choose an item. |  | **Cash**  *Local Adult Care Office* | Choose an item. |
|  |  |  | **Other**  *Provide details below* | Choose an item. |
| **Include here details of other payment type:**  Click or tap here to enter text. | | | | |

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| 1. **DECISION AND APPROVAL**  * *For completion by DSAB Office* | | | | |
| **Decision**  *Enter Yes or No* | Choose an item. | | | |
| **Approval Date** | Click or tap to enter a date. | | | |
| **1st Approver** | Name | Click or tap here to enter text. | Agency | Click or tap here to enter text. |
| **2nd Approver** | Name | Click or tap here to enter text. | Agency | Click or tap here to enter text. |

The completed application form should be emailed to: [DerbyshireSAB@derbyshire.gov.uk](mailto:DerbyshireSAB@derbyshire.gov.uk)

For further details about the VARM Hoarding Grant process and criteria, please see the supporting practice guidance.

Please be aware that if a Hoarding Grant application is successful, but the funds have not been used within 3 months, the funds will be released for other applications.

The VARM Hoarding Grant cannot be applied for retrospectively, and any invoices that are submitted for payment without a grant that has been approved will not be paid.

**Data Protection Statement**

All personal information provided to Derbyshire Safeguarding Adults Board will be held and treated in confidence, and in accordance with the General Data Protection Regulation (GDPR) 2016

As part of this VARM Hoarding Grant application process, in order to provide you with support the information you provide may be shared with other agencies and contractors. Please tell us if you do not want us to share it with a specific organisation/company. The information you supply will be kept safe and only used for the purpose it was given.

I agree to this VARM Hoarding Grant application being made on my behalf and to the above information being shared in accordance with the General Data Protection Regulation (GDPR) 2016

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| Name: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |
| Signature: |  |

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