**Interim Support Scheme  
Application Form**

*Dear Applicant,  
  
Thank you so much for reaching out to the Support Scheme. This Scheme is intended to provide urgent and immediate help to survivors who have been on the receiving end of church-related abuse. When you reach out to the Scheme Office for the first time, we will send you a few documents. Some of them may look daunting, but we are providing them to ensure transparency of the Scheme and to comply with statutory requirements of how we handle your personal data.*

*The essential document that you need to fill in is this application form. The consent form is needed for specific functions (such as contacting your advocate) that use consent as the lawful basis for data processing. Other documents that you may find useful include:*

* *a how-to guide that explains the Scheme process*
* *the Terms of Reference of the Scheme that sets out the Scheme rules in detail*
* *Guidance Notes to the Scheme and the Privacy Notice of the Scheme.*

*At any point, if you have any questions, please email* [*supportscheme@churchofengland.org*](mailto:supportscheme@churchofengland.org)*.*

*You may require the help of an advocate in organising an application, and the Scheme has funds available to meet your advocacy fees. Please contact the above email address, and several options will be offered to you.*

Section I: Basic information

1. Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Maiden name (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of advocate/ representative (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Emergency contact phone number (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section II: Application materials

*The Support Scheme Office collects information to determine that the Scheme’s eligibility criteria are met. The criteria, as set out in the Terms of Reference, are as follows:*

* *The Scheme believes that the survivor has experienced Church-related abuse based on the available information;*
* *The Scheme believes that the survivor needs immediate support to avoid either a substantial risk to their mental or physical health or avoid a substantial risk that they will be unable to carry out normal day-to-day activities;*
* *The Scheme believes that this need arises directly from the Church-related abuse.*

1. Brief description of the Church-related abuse (time, diocese, location and a brief description of events). Applicants are welcome to include as much or little information as they wish, but the Scheme only requires a brief description. We acknowledge that for some people telling their story is very important and helpful, whereas for others providing information about the abuse is very distressing. As much as possible, we want to make the amount of information provided beyond a brief description a personal choice. We may contact you if the panel or the Scheme Office feels there is a justified need to ask any further questions.  
     
   If you would like the Scheme Office to obtain the description from your advocate, your trusted person, or an organisation that you trust and hold information about you, please let us know. In that case, you can leave the following box blank.
2. Your urgent and immediate needs, rationale for such needs, and cost. Please note that
   1. The Scheme is only able to consider support up to six months at a time, for a maximum of twelve months in total.
   2. It is not a requirement to provide supporting information for your application. However, any supporting information may assist the Decision Panel in its decision making and also speed up the administrative process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Needs | Rationale | Cost | Supporting info |
|  | *Example: weekly therapy* | *To support me during the current police investigation* | *£50 per session, 25 sessions to cover 6 months. Total: £1,250.* | *Invoice for therapy attached* |
|  | *Example: back-to-work training* | *To equip me with skills to look for work after abusive events affected my last employment* | *Up to £1,000* | *Please see link included the application* |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

If there are more than two items, you may continue on a blank page or by adding more rows in your word processor.

Occasionally, the Scheme approves a limited monthly subsistence payment to help applicants get back on track. If you wish to explore this option, you need to fill in an income and expenditure capture form. Please email [supportscheme@churchofengland.org](mailto:supportscheme@churchofengland.org) for more information.

1. Details of any compensation or payment already received.

**If you are a returning applicant to *the Support Scheme,* you do not have to include previous Scheme awards.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of compensation or payment | Amount | Source | Basis of payment |
| *Example:  January 2021* | *£2,000* | *The diocese of Z* | *Therapy sessions from January to March 2021* |
| *Example:  January 2010* | *£X* | *The diocese of Y* | *Legal settlement by the diocese of Y* |
|  |  |  |  |
|  |  |  |  |