# COVID Winter Fund Scheme Early Help Application

Please obtain consent from the family to share their contact name and email address with the relevant supermarket website so that the vouchers can be emailed directly to them.

Consent obtained: Yes / No

|  |  |
| --- | --- |
| Name of Parent Contact |  |
| Name(s) of Child(ren) in Family |  |
| Family Address |  |
| Family Email Address (so e-vouchers can be forwarded if required) |  |
| Parent Contact phone number |  |
| Amount Requested |  |
| What are these funds needed for? |  |

|  |  |
| --- | --- |
| Requestor name |  |
| Requestor email address |  |
| Requestor phone number |  |