To assist with your request please fill in Section one. Section Two is to gives us an idea about who’s making the request.

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION ONE: Officer making the requests details | | | |
| Name |  | | Shoulder number: |
| Station location |  | Rank: | |
| Home address |  | | |
| Post code |  | | |
| Email |  | | |
| Contact number |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION TWO: Tell us about you and your family | | | | | | | | | | |
| How many people in total live in your house? | | | | |  | | | | | |
| Can you identify below the persons who live in your house in the following age / gender groups? | | | | | | | | | | |
| Ages | | 0-5 yrs | | 6-18 yrs | 19-40 yrs | | 41-59 yrs | | 60 + | |
| Males at home | |  | |  |  | |  | |  | |
| Females at home | |  | |  |  | |  | |  | |
| How many people live in your house in the following groups: (please write the number in the box) | | | | | | | | | | |
| Elderly care |  | | Physically Disabled |  | Mentally Disabled |  | |  | |  |
| Unusual items required that LALS can consider support with? | | | | | | | | | | |
|  | | | | | | | | | | |
| Was there an emergency that caused you to make a request to LALS? | | | | | | | | | | | |
|  | | | | | | | | | | | |

I certify that I am a member of the household listed above and that on behalf of this household I have applied for Law and Larder Scheme support items. I certify that all information regarding my household is true to the best of my knowledge. I also designate the following person as an authorized representative of my household and certify that their information is correct to the best of my knowledge.

**Member Signature: ……………………………………………………………………………………**

**Date: ……………………………………………………………………………………………………………**

Thank you please submit to, wiltshirepf@polfed.org

