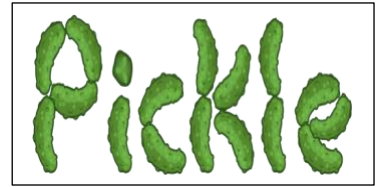




THE VILLAGE
METROPOLITAN
COMMUNITY CHURCH



The Village MCC Pickle Fund Guidelines.

Pickle assists, where possible, with short-term emergency needs. We cannot provide long-term or repeated assistance. We also cannot assist with bills more than 60 days in arrears, unsecured loan payments, or any expense that is not an objectively verified critical need. The application process depends on the amount of emergency help required.

Payments of £20 or less. Pickle team care workers can meet any emergency need they feel meets our criteria with up to £20 in cash on the spot. (Please call 07476 667353 if this is you). No application form is necessary. Of course, the amount allocated depends upon the situation and the availability of funds. There also needs to be a team member available to respond, and someone available to escort them. To safeguard our team members, we will only meet you in a public place where there are other people around.

Payments over £20. For any amount over £20 the application form below needs to be filled in and emailed or posted to the church. The pastor then removes the name (for confidentiality) and it is presented to the Pickle Team for their consideration. *At the very least* it takes three days for us to process an application. A week is not unusual. If the need is critical and you need more than £20 then please ask your case worker to call 07476 667353 to discuss your need with the Pastor.

In certain emergency situations, funds may be trusted to other agencies to distribute in accordance with these guidelines. Such agencies will be asked to report back confidentially on how the funds were distributed.

Limitations: Applicants must identify as having an objectively verified critical need, or directly/indirectly, be victim to Homophobia, Transphobia or other discrimination (regardless of their personal sexual orientation or gender expression). Only in *exceptional* circumstances may someone apply for Crisis Fund assistance more than once in any period of twelve months.

Interview: Applicants MAY be asked to meet with a team member to talk about their situation before a final decision is made. The church reserves the right to ask for documentation to verify eligibility for assistance.

Processing: Return this application to the pastor at the church. Please allow one week for review of your application. You may be contacted via phone, email, or letter, either directly or through a community service office.

Cheques: Cheques will be made out payable to third party agencies such as utility companies or landlords. Amounts more than £20 are *never given out in cash to the applicant* and cheques are almost *never made payable to the individual*. Direct payments are occasionally made directly to organisations via bank transfer where time is a critical factor.

Availability of Funds: All requests shall be considered on a first come first served basis, and as funds are available.

Documentation: All applicants for amounts over £20 are required to complete the, 'The Village MCC Pickle Fund Application' in its entirety and provide supporting documents where needed (e.g. invoices, bills, rent book).

Remember bad things often happen to good people. This process is not designed to make things more difficult for you, but so that we can allocate very limited funds as wisely as possible.

The Village MCC Pickle Fund Application - PLEASE COMPLETE THE ENTIRE APPLICATION
(Where there is more than one option please circle the ones that apply to you)

Name _____ Phone _____

Address and/or referring agency _____

Post Code _____ Email _____

Date of birth_____ o Single o Married o Divorced o living with partner

Do you identify as o Gay o Lesbian o Transgender o Bi-sexual o Straight o Non-Binary o Other_____

Partner's Name _____ Partner's Employment _____

Dependents _____

Needs: o Food o Clothing o Rent / Mortgage o Utilities o Other

(Please explain) _____

Deadline: _____ Amount Needed _____

Have you been helped previously by The Village MCC? o Yes. o No

If yes What did you receive _____ When? _____

Who else have you contacted for help with this need? _____

How are they able to assist you? _____

Please explain the circumstances which brought about this need. _____

Signed _____

Date _____

Contact details can be found at www.thevillagemcc.org. Please email

michaelhydes@hotmail.com. Do Not Write Below This Line - For Church Use

Only _____ Date application received _____

Agency Referral (Group and Contact Name) _____

Disapproved _____ Reason _____

Approved _____ Approved By _____

Cheque payable to whom? _____ Amount _____ Cheque No. _____

Send to: _____ Address _____

Date paid _____ Completed by _____

NOTES _____

Equality and Diversity Monitoring

The Village Metropolitan Community Church, wants to build an accurate picture of the make-up of the Church community to help in encouraging equality and diversity, in members and those who seek our help

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form in the envelope marked 'Strictly confidential' to **Rev M Hydes, The Village MCC, 3 Portland Place, 134-136 Marine Parade. Brighton. BN21DF**

Gender Man Woman Intersex Non-binary Prefer not to say

If you prefer to use your own term, please specify here

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49 50-54
55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian Prefer not to say
Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say
Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:
Yes No Prefer not to say

Do you consider yourself to have a disability or health condition

What is the effect or impact of your disability or health condition on your ability to give your best at work?
Please write in here:

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual Prefer not to say

If you prefer to use your own term, please specify here

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say If other religion or belief, please write in:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours
Annualised hours Job-share Flexible shifts Compressed hours
Homeworking Prefer not to say If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None Primary carer of a child/children (under 18)
Primary carer of disabled child/children
Primary carer of disabled adult (18 and over) Primary carer of older person
Secondary carer (another person carries out the main caring role)
Prefer not to say

Thank you for your help in completing this form. Your information is confidential and used for monitoring purposes only.