



## Allotment Application Form

Title:	Mr./Mrs/Ms/Other
First name:	
Surname:	
Address:	
Telephone no:	Daytime: Evening: Mobile: Email:
E-mail details	
Date of Birth	
Are you retired?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which site are you interested in	<input type="checkbox"/> Haslemere <input type="checkbox"/> Northfield <input type="checkbox"/> Both
Are you receiving any benefits? (please tick)	<input type="checkbox"/> Housing Benefit <input type="checkbox"/> Disability Living Allowance <input type="checkbox"/> Pension Credit <input type="checkbox"/> Attendance Allowance <input type="checkbox"/> Income Support <input type="checkbox"/> Student <input type="checkbox"/> Other (please specify) .....
Please indicate Annual Income	<input type="checkbox"/> under £10,000 <input type="checkbox"/> £20,000 - £30,000 <input type="checkbox"/> £10,000 - £20,000 <input type="checkbox"/> £30,000 and above
Do you currently rent a plot from EBCC or other provider	Yes No

Please indicate the reasons why you are applying for an allotment	<input type="checkbox"/> No garden <input type="checkbox"/> Exercise <input type="checkbox"/> Fresh air <input type="checkbox"/> Other ( <i>please specify</i> )	<input type="checkbox"/> Recreational <input type="checkbox"/> Grow your own produce <input type="checkbox"/> Community spirit
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**EQUAL OPPORTUNITIES**

Please help us to check that we are making our allotments available to all eligible applicants by answering the following questions

**ETHNIC ORIGIN**

How would you describe your ethnic origin? Please tick one of the boxes:

<p><b>White:</b></p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Other <i>please specify</i> -----	<p><b>Mixed:</b></p> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> Other <i>please specify</i> -----	<p><b>Chinese or other ethnic group:</b></p> <input type="checkbox"/> Chinese <input type="checkbox"/> Other <i>please specify</i>
<p><b>Black:</b></p> <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black British	<p><b>Asian or Asian British:</b></p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other <i>please specify</i> -----	

**DISABILITIES**

Do you consider yourself to have a disability in accordance with the Disability Discrimination Act?

Yes  No

Date ..... Signature .....

For official use: Allocated plot no:
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Please return the completed application form to:-

The Ealing & Brentford Consolidated Charity,  
 Trust Office, 65 Tawny Close,  
 London W13 9LX  
 or e-mail [enquiries@e-bcc.org.uk](mailto:enquiries@e-bcc.org.uk)