

Irish Red Cross Flood Relief Scheme 2009 Application Form for Humanitarian Aid

Address: 16 Merrion Square, Dublin 2. **Telephone:** 01 6424621

Email: floods@redcross.ie **Website:** www.redcross.ie

PERSONAL DETAILS:

Name _____

Date of Birth _____ **PPS Number** _____

Address _____

Telephone Number _____ **Mobile** _____

Other Household Occupants

Name	Relationship to Applicant	Age	PPS Number

If flooding has forced you to vacate your home please provide alternative contact details

Address: _____

Telephone Number(s): _____

Date on which home was flooded: _____

Irish Red Cross Flood Relief Scheme 2009

Application Form for Humanitarian Aid

CONFIDENTIALITY AGREEMENT AND CONSENT:

All the information on this application form will be treated in the strictest confidence. However, it may be necessary for our assessors to verify or share this information or details relating to the financial relief provided to you with agencies such as insurance companies, Community Welfare Services, Local Councils/Authorities etc.

In order to process your claim as quickly as possible, please read and sign the following statement:

I, the undersigned, hereby consent to the Irish Red Cross assessors holding, verifying and otherwise processing personal information given on this application form with the appropriate agencies and sources as deemed necessary to complete the processing of my application for flood relief and/or made pursuant to any legal obligation of the Irish Red Cross. I further consent to the Irish Red Cross processing and disclosing details of my application and any financial relief made available to me to other parties including insurance companies, Community Welfare Services, Local Councils/Authorities etc., as requested, to facilitate further processing of any claims for flood relief.

Signature: _____

Date: _____

Please return the completed form and supporting documentation to:

**Flood Relief Coordinator,
Irish Red Cross,
16 Merrion Square,
Dublin 2**

For Office Use Only

Verified by external agency: Yes No

Name of Agency: _____

Application Approved: Yes No

Date Payment Made: _____ Payment Amount: _____

Payment Ref: _____