



MERCHANT TAYLORS' BOONE'S CHARITY
30 THREADNEEDLE STREET
LONDON EC2R 8JB
0204 511 6285

Application Form for an Almshouse Dwelling

The Merchant Taylors' Boone's Charity, registered with the Charity Commission (no. 214262) and a Registered Provider of Social Housing (no. A2246)

Contact details: The Merchant Taylors' Boone's Charity head office, 30 Threadneedle Street, London EC2R 8JB. Tel: 0204 511 6301 Email: almshouses@merchant-taylors.co.uk

BEFORE YOU START:

The charity's entry criteria – please read carefully before completing this form

The charity provides housing for people in need who are at least 57 years of age. A proportion of the dwellings are intended for people who not only meet the age criteria but also have lived in Lewisham or Greenwich for an aggregate of at least 5 years over their life. Finally, **all applicants should be in financial need**. Eligibility for at least some Housing Benefit or Universal Credit in relation to accommodation charges would evidence this, but is not essential. (See www.gov.uk or visit a Citizens Advice Bureau if you need further information on eligibility to claim welfare benefits help with housing costs).

If you have any difficulty completing the form, or are unsure what the questions mean, don't hesitate to contact the charity via the contact details above.

Data Protection: please see the Privacy Notice (Code MTBC AppRes002) which has been supplied to you with this application form. The Privacy Notice explains what personal data the Charity holds, and why, about applicants and about people who live in our accommodation.

Wherever this form uses the phrase 'the Privacy Notice', it means the Privacy Notice For Applicants (Code MTBC AppRes002)

Section 1. About You

Title	
First name	
Surname	
Your Date of birth	
Are you applying by yourself, or with a partner?	
If applying with a spouse or partner, what is their date of birth?	
Your National insurance number	
Your Email address	
Your Telephone number	
Your Mobile number	

Please note: You must be at least 57 to live in our accommodation. If you are applying with a spouse or partner, they too must be at least 57. We would need to see an original document such as a passport proving date of birth, for you and any spouse/partner applying with you, before being able to offer you accommodation.

1) Your Present address (including postcode):

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2) Do you have any pets? (please tick the relevant box)

Yes	
No	

a) If yes, please provide information on the pets you have

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Please note: the Charity allows registered assistance dogs for people with a registered disability – for example, a guide dog for someone registered as sight-impaired. Apart from that, we do not permit dogs in the Charity’s accommodation. Cats are only permitted on condition that they stay inside the resident’s flat all day and night, all year round. If you have any other kind of pet, we will discuss that with you before deciding whether to offer you accommodation.

3) Do you have a car? (Please tick the relevant box)

Yes	☐
No	☐

a) If you have a car, are you happy to buy a permit from Lewisham Council and park your car on a street? (Please tick the relevant box)

Yes	☐
No	☐

Please note: there is no on-site parking for residents of Christopher Boone’s Court. The streets surrounding Christopher Boone’s Court are subject to Lewisham Council’s parking permit scheme. If you own a car, you would need to buy a parking permit from Lewisham Council and park the car in a space in the surrounding roads. There is no guarantee you would be able to find a space close to Christopher Boone’s Court. Further details of the Council’s parking permit scheme for on-street parking can be found via the Council’s website.

4) Do you have a next of kin? (Please tick the relevant box)

Yes	☐
No	☐

If Yes, please give details here:

Relationship to you:

Address (including
postcode).....

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Telephone No Mobile Number

Email address:

5) What is your occupation (work), or what was it if you are now retired?

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6) If you have a religion **and you would like the Charity to know** what it is, please state it here. (You do not have to answer this question, but if you do state your religion, that constitutes you giving data protection consent to the Charity to hold and use that information for the purposes explained in the Privacy Notice):

.....

7) If you lived in the Charity’s accommodation, would you be happy to abide by our Policy on Overnight Visitors and Guests (available at <https://booneshomes.co.uk/residents/policies>)? (Please tick the relevant box)

Yes	☐
No	☐

Please read the policy before answering this question. We think it’s a fair balance between the needs of residents and the needs of the Charity, but you need to check you would be happy with it.

8) How did you hear about our accommodation?

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Section 2. Time spent living in Lewisham or Greenwich

(These questions are included because, for some of the Charity’s dwellings, the law requires us to give priority to applicants who not only meet the age criteria but also have lived in Lewisham or Greenwich for an aggregate of at least 5 years over their life.)

1) Please give details of any time(s) during your life when you have lived in Lewisham or Greenwich, by completing the chart on the next page.

Please be as accurate as you can about dates, and please give as much detail about the addresses as possible (for example, even if you can only remember the name of the street you lived in, please state it).

Address in Lewisham or Greenwich	Time spent living at that address

Section 3. Your current accommodation

1) In your current accommodation, are you the (please tick the relevant box)

Owner
Tenant
Living in crisis or emergency accommodation
Other

a) Who owns your current accommodation? (Please answer this question unless you ticked that you are the owner):

b) If you ticked 'Other', please explain your status in the accommodation

Section 4. If you rent your current accommodation *(please skip this section if you do not rent for your current accommodation)*

1) What is your landlord’s name and address?

Name

Address

How much rent do you pay in rent **per month**? £.....

2) Does your rent include (please tick the relevant box):

Electricity costs	Yes	No
Gas costs	Yes	No
Council Tax	Yes	No
Water rates	Yes	No

i) If no, how much do the following bills cost you **per month**:

Electricity costs	£
Gas costs	£
Council Tax	£
Water rates	£

3) If you rent your current accommodation, are you able to pay your rent and any other accommodation charges such as utility bills and council tax and have enough left over to live comfortably? (please tick the relevant box)

Yes	
No	

i) If no, please state how much you have left to live on every month after you have paid your rent, and any other accommodation charges such as utility bills and council tax?

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- ii) If yes, is your ability to pay your rent and any other accommodation charges and have enough left over to live comfortably every month likely to change? (for example due to retirement or rent increases). Please tick the relevant box

No, it is not likely to change

Yes, it is likely to change in under 12 months

Yes, it is likely to change in 12 months or more

Section 5. If you own your current accommodation *(please skip this section if you do not own your current accommodation).*

- 1) If you own your home, why are you looking to move to an almshouse flat provided by MTBC?

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- 2) Please state the estimated value of your home (£)

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- 3) Please state your monthly mortgage (£)

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- 4) How much do the following bills cost you **per month**:

Electricity costs

£

Gas costs

£

Council Tax

£

Water rates

£

- 5) If you were to sell your home, how much would you be left with after the mortgage was paid off (this can be a rough estimate)?

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4) If you own your current accommodation, are you able to pay your mortgage and any other accommodation charges such as utility bills and council tax and have enough left over to live comfortably every month? (please tick the relevant box)

Yes	
No	

a) If no, please state how much you have left to live on every month after you have paid your mortgage, and any other accommodation charges such as utility bills and council tax every month?

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b) If yes, is your ability to pay your mortgage and any other accommodation charges and have enough left over to live comfortably every month likely to change? (for example due to retirement or rent increases). Please tick the relevant box

No, it is not likely to change	
Yes, it is likely to change in under 12 months	
Yes, it is likely to change in 12 months or more	

Section 6. Personal Details

1) Do you or your spouse/partner own any another flat, house or land, whether in the UK or another country? (please tick the relevant box)

Yes	
No	

a) If yes, please give address details

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2) Do you receive any of the following pensions, benefits or allowances? (please tick the relevant box)

	Yes	No	If yes, how much? (£)	How frequently do you receive this?
State Retirement Pension				
Pension paid by a past employer				
Private pension				
Widow's or widower's pension				
Any other pension				
Pension credit				
Attendance allowance				
Housing Benefit				
Universal Credit				
Any other Benefits				

3) Current employment status (please tick the relevant box)

Employed	
Self-employed	
Retired	
Unemployed	

a) If you are employed or self-employed, what is your net **monthly** income after tax and national insurance?

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4) Do you have the financial means to purchase suitable accommodation in your area of choice, either from savings or from the sale of your existing home? (please tick the relevant box)

Yes	
No	

5) What is your marital status? (please tick the relevant box)

Married or Civil Partnership	
Widowed	
Single	
Couple	

6) Do you have any debts? (please tick the relevant box)

Yes	
No	

a) If yes, please provide details of how much the debts are and who the debt is owed to

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7) Have you ever been subject to a County Court Judgment ('CCJ') or High Court Judgment or Individual Voluntary Arrangement ('IVA')? (please tick the relevant box)

Yes

No

If you have answered 'Yes', please give full details here (including but not limited to any arrangements for collecting the debt from you and whether any of the debt is still outstanding):

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8) Have you ever been subject to a Direct Earnings Attachment for any reason, or has the Child Maintenance Service ever required an employer of yours to make deductions from your wages? (please tick the relevant box)

Yes

No

If you have answered 'Yes', please give full details here (including but not limited to whether any of the money to be collected from you is still outstanding):

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9) Please provide details of any gambling you do (including the National Lottery), including roughly how often, what method and how much:

(For example: "Most months I bet about £10 on sporting events at the bookmakers" or "Most weeks I bet online, say £50 per week" or "A few times a week I play the slot machines at the bookmakers, about £30 a time" or "I might bet up to £30 on the Grand National but apart from that I don't gamble" or "I spend £5 to £20 a week on the Lottery, it depends" or "I never bet or buy Lottery tickets or anything like that".)

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Section 7. Basic Amenities

1) Please tell us whether your current accommodation has the following facilities: (please tick the relevant box)

Do you have a separate bedroom (please tick no if you live in a bedsit)

Do you share a bedroom with another person who is not your partner?

Does your accommodation have a kitchen sink or drainer?

Does your kitchen have a pantry or food storage cupboards?

Does your accommodation have a wash basin?

Does your accommodation have a fridge?

Does your accommodation have an oven?

Does your accommodation have a bath or shower?

Does your accommodation have an inside toilet?

Does your accommodation have a hot water supply?

Does your accommodation have running water?

Does your accommodation have electricity?

Yes	No

2) Sharing Amenities (please tick the relevant box)

	Yes	No
Are you living with friends/ family who are not seeking to be rehoused with you?		
Do you live in a hostel or bedsit accommodation where you share bathroom and/ or kitchen facilities?		

Section 8. Inadequate features of your current accommodation?

1) What type of accommodation do you currently live in? (please tick the relevant box)

House	
Bungalow	
Ground floor flat	
First floor flat with no lift	
Second floor flat with no lift	
Third floor flat or above with no lift	
First floor flat or above with a lift	
Caravan/ mobile home	

a) If Other, please give details

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2) Do you have steep steps or stairs within your home? (please tick the relevant box)

Yes	
No	

3) Do you have steep steps to access your home? (please tick the relevant box)

Yes	
No	

4) Do you have central heating? (please tick the relevant box)

Yes	
No	
Part	

a) If you answered No or Part, please tell us which rooms have no heating

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5) Do you have a bathroom in your present accommodation? (please tick the relevant box)

Yes	
No	

a) If yes, is your bathroom (please tick the relevant box)

Upstairs	
Downstairs	
Same level	

6) Is your toilet, (please tick the relevant box)

Upstairs	
Downstairs	
Both upstairs and downstairs	
Same level	
Outside	

7) Please give details of any major repairs needed to your accommodation or any major issues with your accommodation

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Section 9. Overcrowding

1) Please tell us the number of the following rooms in your present accommodation

Kitchen	
Bedrooms	
Bathrooms	
Living rooms	

2) Please give details of anyone else (such as your partner) who is living with you at the moment **and who intends moving with you.**

Name	Date of birth	Relationship to you	How long they have lived with you

3) Please give details of any other persons living with you at the moment (e.g. if you are living - in with family please give their details below)

Name	Date of birth	Relationship to you

Section 10. Existing location

1) Is your previous home convenient for local services? (e.g. shops, doctors, buses) (please tick the relevant box)

Yes

No

a) If no, please tell us about the problems you have

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2) Do you need to be near relatives for support? (please tick the relevant box)

Yes

No

a) If yes, please give details below

Name

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Relationship to you

Address

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Details of support

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3) Does the location of your current accommodation cause you any problems? (please tick the relevant box)

Yes

No

a) If yes, please provide details

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Section 11. Other suitable accommodation

1) Within the last six months, have you applied to any other suitable accommodation providers? (please tick the relevant box)

Yes	☐
No	☐

a) If yes, which accommodation providers have you applied to? (please tick the relevant boxes)

The Council	☐
Housing associations	☐
Other almshouse charities	☐
Private rental providers	☐
Other	☐

b) If other, please provide details

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c) If you have applied to other accommodation providers, please provide details on the status of your application

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2) If your application was rejected in the last six months from an accommodation provider, please provide details as to why

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3) If you applied for other housing more than six months ago, are you currently on the Expressions of Interest List (or 'Waiting List') for any provider? (please tick the relevant box)

Yes	☐
No	☐

a) If yes, which accommodation provider are you on the Expressions of Interest List for? (please tick the relevant box)

The Council	☐
Housing associations	☐
Other almshouse charities	☐
Private rental providers	☐
Other	☐

b) If yes, how long have you been on the Expressions of Interest List for?

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4) If you were offered an almshouse flat from MTBC at the same time you were offered accommodation from an alternative provider, which would you choose? (please tick the relevant box)

Almshouse flat provided by MTBC	☐
Accommodation provided by an alternative provider	☐

Section 12. Medical needs

1) Do you have medical needs for wanting to move? (please tick the relevant box or boxes)

	Yes	No
Yourself		
Your partner		

a) If yes, please give details of the medical needs

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2) Do you use any of the following aids? (please tick the relevant box)

	Yes	No
Walking stick/ walking frame		
Mobility scooter		
Wheelchair		
Bath aids		
Do you require a walk in shower		

3) Please read the following statements and tick ONE (if any) box which best describes the difficulties you are having in your home because of your medical problems.

One or both of us **cannot** use the stairs in our home at all and we only have a toilet on an upper level.

One or both of us **cannot** use the stairs in our home at all and we have a toilet upstairs and downstairs.

One or both of us is finding it **very difficult** to manage the stairs in our home and a move to accommodation which is on the ground floor or can be accessed by a lift would greatly improve our ability to manage independently.

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One or both of us is having **some difficulty** managing the stairs in our home and a move to ground floor accommodation or accommodation which can be accessed by a lift would improve our ability to cope independently

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One or both of us has minor health problems which make it more difficult to manage our home and/or garden.

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4) Do you have a stair lift in your home? (please tick the relevant box)

Yes	
No	

5) Have you had any disabled adaptations carried out at your home to help with the above problems. (e.g. ramp, walk in shower) (please tick the relevant box)

Yes	
No	

a) If yes, please tell us which adaptations have been carried out?

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6) Please give details of any significant physical or mental illnesses, injuries, operations or diagnoses during the last five years

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7) Are you receiving continuing treatment for any of the above? (please tick the relevant box)

Yes	
No	

a) If 'Yes', please give details here:

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8) Please give the name and address of your doctor.

Doctor

Telephone No.

Surgery Address

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9) Do you receive any of the following services (please tick the relevant boxes)

Care Package	
Social Worker	
Health Visitor	
District Nurse	
Community Psychiatric Nurse	
Other services	

Data Protection consent: health information

I consent to the Charity processing all information it obtains about my health through the application process or otherwise, including but not limited to information in this form and any information obtained from medical advisors such as my GP, for the purposes stated in the Privacy Notice:

Please circle one of the following:

Yes, I consent

No, I do not consent

Please note: if the answer is 'No, I do not consent', then the Charity will not be able to consider your application.

Section 13. Independent Living

MTBC only provides accommodation for people who are capable of independent living. To be capable of independent living, a person must exhibit all of the following behaviours and circumstances.

1) Please tick **all** the statements which are **true in your case**:

	I organise all of my own shopping (eg online shopping, or by instructions to a carer, or by physically going to the shops).
	I organise all of my own laundry – washing my clothes, etc (either in person or by instructions to a carer)
	I conduct all of my financial affairs for myself.
	I do not need any sort of 'key worker' or 'support worker' or 'advocate', by whatever job title, in order to help me hold down my accommodation and get along peacefully with my neighbours. (This rules out anyone who needs professional support to manage historic or current substance abuse problems, whether from illegal drugs, legal highs, or alcohol or other substance related. It does not rule out people who have been sober/clean from drugs for at least three years and rely solely on a self-help group like Alcoholics Anonymous or Narcotics Anonymous to stay that way.)
	I understand that MTBC residents are issued with a Community Alarm Service personal bracelet/pendant if they wish. If I had one of those, I can and would operate it in case of emergency, in order to communicate with ambulance/fire/police services.
	I do not display any signs of hoarding, or self-neglect.

	<u>Please complete the rest of this self-certificate if you have carers (otherwise leave it blank):</u>
	The care is provided entirely by Social Services and/or a private carer.
	In relation to any private carer, I am capable of and take responsibility for: • managing the contractual relationship with the care agency, including paying all fees, and arranging for hours of care to be increased or decreased as necessary • admitting the carer to my dwelling • arranging any care needed unexpectedly at short notice because the regular care arrangement has fallen through (eg, regular carer is taken ill).
	If I were living in MTBC accommodation, I would not in any way make care arrangements which rely expressly or implicitly on MTBC staff being on hand at any particular time, or which assume that MTBC staff may be able to assist carers or step in for a carer in an emergency (eg, regular carer taken ill.)
	I do not deny the need for carers or play down the extent to which I need care, for any motive whatsoever (eg, fear of being judged no longer capable of independent living)
	If I accidentally wet myself or open my bowels in my clothing, I am capable of getting myself to the bathroom, cleaning myself and putting on clean clothing to replace the soiled clothing, without the assistance of another person. I.e, I do not need to wait until the next time the carer arrives.

Section 14. General Information

Please give details of your main reason for your application, particularly if they have not been covered by your answers to the questions so far.

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Section 15. Connection with the Merchant Taylors' Company (if any):

(These questions are included because in relation to some, but not all, of the charity's dwellings, charity law requires us to give priority to applicants with a connection to the Merchant Taylors' Company of the type below.)

1) Are you a Freeman of the Merchant Taylors' Company? (please tick the relevant box)

Yes	☐
No	☐

2) Are you a widow, widower, child or other dependent of a Freeman of the Merchant Taylors' Company? (please tick the relevant box)

Yes	☐
No	☐

a) If 'Yes', please give details here

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Section 16. Criminal Convictions

Do you have a conviction which is NOT SPENT under the Rehabilitation of Offenders Act 1974?

To answer this question, please circle either Answer 1 or Answer 2 below. Do not leave this section blank.

- You should circle Answer 1 if you have no convictions.
- You should also circle Answer 1 if you have one or more convictions, but all of them are 'spent' under the Rehabilitation of Offenders Act 1974.
- You should circle Answer 2 if you have one or more convictions which are NOT SPENT.

Answer 1: I have no criminal convictions, or I have convictions but all of them are 'SPENT'.

Answer 2: I have one or more criminal convictions which are 'NOT SPENT'.

If you have circled Answer 2, please provide full details of the conviction(s) here:

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(If you have a criminal conviction but are **unsure whether it is spent**, you can check for free by contacting the advice charity for ex-offenders, NACRO: <https://www.nacro.org.uk/>)

Data Protection consent: unspent criminal convictions

I consent to the Charity processing information about any ‘unspent’ criminal convictions I have, for the purposes stated in the Privacy Notice:

Please circle one of the following:

Yes, I consent

No, I do not consent

Please note: if the answer is ‘No, I do not consent’, then the Charity will not be able to consider your application.

Section 17. References

Please give the names and contact details of two responsible people (not relatives) who know you well and whom the charity may approach for a reference. **If you are currently renting accommodation, one of the referees should be your current landlord.** Please indicate how you

know the referees. We will never disclose sensitive personal data to the referees but we will supply them with basic information regarding you and your application

First person the Charity can approach for a reference:

Name:	
Address:	
Email:	
Telephone:	
How you know them:	

Second person the Charity can approach for a reference:

Name:	
Address:	
Email:	
Telephone:	
How you know them:	

Section 18 – Declaration

Please read this section carefully then sign the form . By signing this form, you are certifying that all of the statements below are true.

1. I have read the information about the charity's entry criteria on page 1 of this form and believe that I am eligible to apply to live in one of the Charity's almshouses.
2. I declare that the information given in this application is correct and complete to the best of my knowledge and belief. **I understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given as a result of this application, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting relevant facts) or if the statements about my behaviour which I make in this Section 18 turn out to be untrue or misleading in any respect.**
3. I acknowledge that if I am appointed as a resident I shall be a beneficiary of the Charity and not a tenant¹. Any weekly sum which I am liable to pay (whether in fact payable weekly or monthly) will be a maintenance contribution and not a rent.
4. I understand that I will be required to pay any such sum by Direct Debit from my bank account.
5. If I am offered and accept accommodation with the Charity, no later than two working days after the start date in my Letter of Appointment, I will apply for any welfare benefits help with housing costs to which I may be entitled in relation to that dwelling. I will make every effort to answer any queries from the benefits authorities in order to decide my claim, and to provide them with any information they need for any reason, as fast as possible. Immediately upon request, I will provide the Charity with written evidence from the benefits authorities or screenshots of my official account with the benefits authorities, sufficient to demonstrate that I have made an application for benefits, the status of my claim, or any other questions the Charity's staff may have about my benefits status.
6. I confirm that I am able to live independently.
7. I have seen an example Letter of Appointment, and an example Residents' Handbook.
8. I have read both the above documents carefully, and in their entirety.

¹ *Watts v Stewart and others (Trustees of Ashted United Charity)* [2016] EWCA Civ 1247

9. I understand that, if offered beneficiary status, I will be required to abide by terms of a Letter of Appointment and Residents' Handbook similar to or the same as those contained in the example documents referred to above.

Signature:

Name:
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

Please now turn to the next page to understand what you need to do next

What to do next

Please now complete the authorisation to your medical professionals on the next page, and return it, together with your completed application form:

- by post to:

The Policy and Operations Officer (Almshouses)

Merchant Taylors Boones Charity

Merchant Taylors' Hall

30 Threadneedle Street

London

EC2R 8JB

- Or by email to almshouses@merchant-taylors.co.uk.

Please also include:

- copy proof of age (eg the personal details page from a passport)
- if you currently receive welfare benefits to help with housing costs, please include written evidence of this from the Local Authority or DWP
- if you are in work, please provide copies of payslips covering your last 3 months' employment or proof of self-employed earnings

If using email, please scan a copy of the documents you want to submit and attach them to your email. In the subject bar of the email, please put "[Your name]: Almshouse application".

**Authorisation to medical professionals to provide confidential medical
information about me**

I *[full name in capitals]* :.....

whose date of birth is:

authorise my GP for the time being and all my other medical advisors and those treating me for the time being to provide information about my health and any aspect of my medical condition upon request to The Merchant Taylors' Boone's Charity (registered charity no. 214262) ('the Charity'), both in connection with any application I make to become a resident of almshouses provided by the Charity, and at any time thereafter until I have ceased to live in property provided by the Charity.

This authorisation also covers all discussions and decision-making about my discharge from hospital, even after the point (if any) where the Charity has stated that it is no longer able to provide accommodation to me because I have become incapable of independent living.

Signed by applicant:

Date of signature:

What happens once I have submitted my application?

The Charity will process your application using an Assessment Points System. The Charity will then short-list applicants based on the score from the Assessment Points System. When there is a vacant flat, short-listed applicants will be invited to view the flat and Christopher Boone's Court.

We will then arrange an interview with short-listed applicants in their current accommodation, conducted by the Charity's staff.

The Charity's trustees will then decide who to award the flat to. The flat is not automatically awarded to the applicant who scored the highest points on the Assessment Points System. The trustees will use a range of factors, including the application form, the score on the Assessment Points System, notes from the interview and any other relevant information, to decide which applicant to award the flat to. For example, an applicant may have the highest Assessment Points score but at interview, it is clear that the resident has issues regarding hoarding, or managing their anger, which may make them unsuitable.

Appeal

If the outcome of your application is that the vacant dwelling is not awarded to you, you will have the right to appeal that decision. (Please note that is the only circumstance in which a person has the right to appeal a decision of the Charity).

Any appeal would be decided by a member of the Merchant Taylors' Housing and Care Committee who was not involved in deciding your original application. Please note the following about the appeal process:

- The person hearing the appeal would apply the following test: was the decision on your application outside the range of possible

decisions a reasonable person could have come to, given the evidence before them at the time?

- For the decision to have been outside that range, it is not enough simply to show that there were arguments for awarding the dwelling to you. Reasonable people can sometimes disagree on the best course of action. This means that a number of different decisions may have been within the reasonable range, including the decision not to award the dwelling to you.
- If an appeal were decided in your favour, you would not be awarded the vacant dwelling, because someone else would have moved into it by then. However, you would be invited to apply again next time a vacancy arose, and any application you made would be given priority consideration.

If an appeal were not decided in your favour, the Charity would notify you. There would be no further right of appeal nor would the Charity be able to enter into correspondence on the matter.