**CCLC Welfare support request Form (WSRF)**

This form should be filled and submitted online.

Name………………………………………………………………………………….

Address……………………………………………………………………………….

Post Code…………………………………………………………………………….

Telephone number………………………………………………………………

Email Address………………………………………………………………………

Team in Church (If applicable)………………………………………………

Reason for Welfare support………………………………………………….

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**For official use only**

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