



GUILD OF BENEVOLENCE

Application for financial assistance

(Please read the accompanying 'Guidance Notes' when completing this form. The information you provide may be shared with other nautical charities in the interests of obtaining the best possible assistance for you)

1. Personal details	
Surname:	First Names:
Address:	Date of Birth:
	Occupation:
	National Insurance No:
	Married/Single/Widow/Widower/Partner/Separated
Post Code:	Telephone No:

2. Next of kin	3. Dependents
Name:	Number of Children:
Address:	Age(s):
	Sex:
	Full-Time Education: YES / NO
Telephone No:	Spouse / Partner

4. Particulars of person on whom eligibility is based	
Surname:	First Names:
Date of Birth:	Relationship to Applicant:
Date of Death (if applicable):	Cause of Death (if applicable):
Rank at end of Service:	Discharge Book No:
Reason for Discharge:	Date of Discharge:
Service (Merchant Navy/Royal Navy/other(please state) – with dates:	
Eligibility category as listed in Guidance Notes: (a) (b) (c) (d) circle that which is appropriate	

5. Other relevant information
Name and Tel No. of carer or case worker (if applicable):
If you are unemployed, please state: a) Whether due to retirement, disability of other personal handicap: b) Name and address of last employer: c) Capacity in which last employed: d) Date and reason for termination of last employment: e) Previous positions held, with dates: (If sea-going, give names of ships, owners, rank held, or if possible send us your Discharge Book or photo copy. Use a separate sheet of paper if you need more space)
Has an application for financial assistance been made by you, or on your behalf, to any other Charity, organisation, society etc. YES/ NO (please circle) If yes, please state particulars, including which organisation, and result if known:

6. Income including spouse or partner	WEEKLY
State Retirement or Widows Pension (including Pension Credit)	£
War Pension/Service Pension/Service Disablement Allowance	£
Armed Forces Compensation Scheme	£
Pension from any other source (e.g. previous employer(s))	£
Income Support	£
Universal Credit	£
Income-based Jobseekers Allowance / Jobseekers Allowance	£
Disability Living Allowance or Personal Independence Payment (PIP)	£
Attendance Allowance	£
Carer's Allowance	£
Statutory Sick Pay	£
Employment and Support Allowance	£
Incapacity Benefit	£
Severe Disablement Allowance	£
Child Tax Credit	£
Working Tax Credit	£
Child Benefit	£
Guardian's Allowance	£
Industrial Injuries Disablement Benefit	£
Disablement Constant Attendance Allowance	£
Disablement Reduced Earnings Allowance	£
Disablement Retirement Allowance	£
Widowed Parent's Allowance	£
Bereavement Allowance	£
Care Home Funding	£
Income from any property owned by you	£
Grants from any other charity, organisation or society	£
Contribution to household by family members' (if any)	£
Earnings from employment (full or part-time)	£
Interest, Dividends or any other annual payments received	£
TOTAL INCOME	£

TOTAL ANNUAL INCOME (for office use only)	£
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7. Monies you owe		
Credit Card DEBT	Company:	Amount outstanding £.....
	Company:	Amount outstanding £.....
	Company:	Amount outstanding £.....
Hire Purchase	Company:	Value of Goods £.....
		Amount outstanding £.....
		Date of final payment.....
Loans	Company:	Amount outstanding £.....
	Company:	Amount outstanding £.....
	Company:	Amount outstanding £.....

11. Supporters

Supporter 1.

Supporter 2.

12. Declaration

To be completed by the applicant



- I declare that the information I have given in Sections 1-11 is, to the best of my knowledge, correct.
- I understand that the information I have provided will be used to process this application for assistance.
- I agree that the details on this form may be passed in confidence to other agencies, including the Benefits Agency and other charities, in the course of this application.
- I authorise the Guild of Benevolence of the IMarEST to approach other agencies, including the Benefits Agency and other charities, on my behalf.
- I accept that if a regular grant is awarded it will be subject to periodic review.

Applicant's signature: Date :.....

PLEASE ENSURE THAT YOU HAVE PROVIDED ALL THE INFORMATION REQUESTED.

IMPORTANT

If you have any difficulties with any of the questions shown on the form, then either write to or telephone the Guild office which is manned on Mondays to Fridays 9.00am – 4.00pm. If you telephone and no member of the committee is available, please leave a message and your call will be returned as soon as possible. Please remember to leave a telephone number when you call so that we can contact you without delay.

FOR OFFICE USE ONLY

Date received:	Committee date:	Minute no:
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Other Funds approached:
Committee Decision:
Bank/Building Society details:
Date grant commenced or payment made: