



GRANT APPLICATION FORM

To help us consider your application please tell us about yourself and your circumstances.
Please note if you have savings above £18000 unfortunately you will not be eligible to apply.

PERSONAL DETAILS		
Name in full		
Address and Postcode		
Home Telephone number		
Mobile number		
Email address		
Date of Birth		
Place of Birth		
How did you hear about The Benevolent Fund?		
Scottish Nursing connection		
How long have you lived in Scotland?		
Are you single, married, co-habiting, widowed, separated or divorced?		
Who lives with you in your household?		
Any dependants/children?	Under 18	Over 18

PROFESSIONAL DETAILS

PIN NUMBER ON NMC REGISTER (if still registered)	
Are you currently working? If not, please advise when you stopped. Did you cease work due to retirement / ill health / other?	
NURSE/MIDWIFERY POSTS HELD	<i>(Name of Hospital, Care Home, surgery etc, dates and position held)</i>
Current Position (if any)	
Last Position held	
Previous Positions	

NURSE/MIDWIFERY TRAINING	<i>(Hospital/College/University names together with dates of training)</i>

INCOME	Monthly amount
State Pension	£
Pension Credit	£
Attendance Allowance	£
DLA (Care) or PIP (Daily Living)	£
DLA (Mobility) or PIP (Mobility)	£
Do you have a Motability Car?	
Working Age State Benefits (ESA / JSA/ WTC / Universal Credit/Other <i>please specify</i>)	£
Any other State Benefits? (please <i>specify</i>)	£
Occupation / other Pensions (<i>please specify</i>)	£
If working, what is your monthly take home pay?	£
Any other income/contribution from family or anyone else living with you?	£

Grants from other Charities / Organisations:

Please specify name and annual amount received.

You can also obtain advice on welfare benefit / income maximisation from the Citizen Advice Bureau and your local Council.

CAPITAL AND SAVINGS (Please note, not eligible for grant if savings are above £18000)	Please detail ALL sources of capital/savings, bank/ building society/post office accounts/ ISAs/ investments/bonds etc
Do you own your home? If yes, please indicate an estimated value.	£
Name of source/account	Current Balance
	£
	£
	£
	£

	£
HOUSEHOLD EXPENSES	Monthly amount
Mortgage	£
Rent	£
Housing Benefit received?	£
Factoring/Servicing Charge?	£
Council Tax	£
Electricity	£
Gas / Oil	£
Coal/Wood	£
Telephone	£
Home Care Workers	£
Insurance – building	£
Insurance – home contents	£
Insurance – life	£
Insurance - car	£
Insurance - other	£
Travel – public	£
Travel – private	£
Car – fuel	£
Food	£
Clothing	£
Cleaning materials	£
Other	£

LOANS <i>(Please include mortgage details if applicable and confirm if mortgage is interest only)</i>				
Original Amount £	Term of Loan	Current balance £	Monthly payment £	Reason for loan

REASON FOR APPLICATION

Please let us know the specific reason for this request for assistance. If you have any health problems, please give brief details and the difficulties this causes you.

THIRD PARTY CONTACT DETAILS	
Next of Kin	
Name	
Address	
Postcode	
Telephone	
Relationship	
Emergency contact	
Name	
Address	
Postcode	
Telephone	
Relationship	
Person who would provide a reference	
Name	
Address	
Postcode	
Telephone	
Relationship	
Doctor	
Name	
Address	
Postcode	
Telephone	

*The Benevolent Fund for Nurses in Scotland is a company limited by guarantee, registered in Scotland.
Company Number SC357442, Registered Office 24A Ainslie Place Edinburgh EH3 6AJ
Registered Scottish Charity Number SC006384*

DECLARATION AND DATA PROTECTION POLICY

Please read the following Data Protection Policy before signing the declaration below.

DATA PROTECTION POLICY

In order that the Benevolent Fund can process your application, it has been necessary for us to ask you for personal information relating to your health, finances and background. The information held by the Benevolent Fund is treated as strictly confidential and is made available only to appropriate personnel within the Fund. Our charitable payments are currently administered through the Benevolent Fund bank account to your nominated bank account.

We have a Data Protection Statement which outlines our policies and procedures. This can be made available to you if required.

No identifiable information is published within the Benevolent Fund publications. Your information may be shared with other charities or agencies if it is thought that additional support may be available from them, but your consent will be sought first should this situation arise. The General Data Protection Regulation is in place to make sure that organisations do not misuse such information. Please be assured that your personal details will not be used for any marketing or commercial purposes.

We reserve the right to contact either your next of kin, emergency contact, the Social or Emergency Services if there are grave concerns for your well-being.

DECLARATION

I declare that the information given in this Application Form is a true, complete and honest statement of my/the Applicant's circumstances.

I have read the Benevolent Fund General Data Protection Regulation and agree that the Benevolent Fund may hold and process personal data about me/the Applicant (including sensitive data) in its paper and computer files as detailed above.

I agree to a home visit by the Liaison Officer for a regular update of my financial situation.

Print Name	
Signature	
Date signed	
If Application Form completed and signed on behalf of Applicant, please state relationship eg Power of Attorney, Next of Kin	
Relationship	

Note – please do not hesitate to telephone if you require help with your application.

The telephone number for the Liaison Officer is: **07584322257** Email: admin@bfns.org.uk

Please return this form to the address below

**Liaison Officer
Mrs Margaret Ramsay
24a Ainslie Place
Edinburgh
EH3 6AJ**

For Office Use Only

Application Received.....Application Considered..... Action Taken.....