

Please fill in the whole form using a BLACK BALL POINT PEN,
in BLOCK CAPITALS and send to:
Benenden Charitable Trust, Holgate Park Drive, York YO26 4GG



Your personal details

You can apply for assistance if you are or have been a Benenden Health member or a friend/family member named on someone else's membership. *Please note: Applications from non-members will only be accepted through a referral from one of our partner charities.*

We ask for details of where you work and have worked in the past, so we can identify other organisations (often associated with a profession or specific employer) which may also be able to help. To avoid any duplication, we also ask for information about where else you have already looked for assistance, and the outcome of those requests.

Title <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other		Date of birth dd / mm / yyyy	
Surname		Email address	
Full forenames			
Address		Tel no. (mobile)	
		Tel no. (home)	
Postcode		Tel no. (work)	
Are you a:	<input type="radio"/> Current Member	Membership Number (if known)	
	<input type="radio"/> Previous Member	Membership Number (if known)	
	<input type="radio"/> Non-Member	Referred by (name of partner charity)	
How did you hear about Benenden Charitable Trust?			
What is the total financial cost of the assistance that you require?		£	How much of this amount are you asking Benenden Charitable Trust to help with?
			£
Have you applied to Benenden Charitable Trust before?	Yes / No	If YES, what was the outcome? (Grant amount / No grant)	
Have you applied anywhere else for financial help for your current need?	Organisation Name	Outcome	
Please provide details of any other non-financial help you have received and from whom (e.g. Debt Advice, Counselling, Career Advice etc.)			
Please tell us where you have worked to help us identify possible additional sources of assistance.			

Household and Financial Details

We need to understand the financial circumstances for your household and the background to your situation. If you have savings and investments we will need to take these into consideration, but it does not necessarily mean we can't help. If you are unsure call 0800 414 8450 (8am-4pm Monday-Friday) and speak with a member of our team.

Occupant	Relationship to you	Employment status (Employed full time/ part time, In education, Retired, Unemployed)	Age	Are they your dependant?
1				Yes / No
2				Yes / No
3				Yes / No
4				Yes / No
5				Yes / No

Household Income

If you live by yourself, you only need to complete the column marked 'Your net income'.

If other people live in your home and contribute to the household income, please include their details.

If an income type does not apply to your circumstances, please leave blank.

	Your net income	How often do you get this?	Your partner net income	How often do they get this?
Income from job	£		£	
Income from State Pension	£		£	
Income from Occupational/Private pension	£		£	
Income from savings & investments	£		£	
Other sources of income (please specify)	£		£	

Contributions to household costs from other individuals

Name of Contributor	Relationship to you	Amount received	How often do you get this?
		£	
		£	
		£	
		£	

State benefits and credits

	Your net income	How often do you get this?	Your partner net income	How often do they get this?
Income Support	£		£	
Pension Credit	£		£	
Employment Support Allowance	£		£	
Jobseekers Allowance	£		£	
Disability Living Allowance Personal Independence Payment Attendance Allowance	£		£	
Carer's Allowance	£		£	
Working/Child Tax Credit	£		£	
Child Benefit	£		£	
Universal Credit	£		£	
Housing Benefit	£		£	
Other (please specify)	£		£	
Other (please specify)	£		£	
Other (please specify)	£		£	

Please tell us about your savings

Bank Name	Account (last 4 digits)	Account Balance	Account owner
		£	You / Partner / Joint
		£	You / Partner / Joint
		£	You / Partner / Joint
		£	You / Partner / Joint

Please tell us about your investments

Description	Account Balance	Account owner
	£	You / Partner / Joint
	£	You / Partner / Joint
	£	You / Partner / Joint
	£	You / Partner / Joint

Outgoings and Expenses

How much do you pay for...	Amount	How often do you pay this?
Your home (this can be mortgage, rent, nursing home fees or board and lodging if you live in someone else's home - please say which)	£	
Heat, light and power	£	
Water	£	
Council Tax	£	
Home and other insurances (do not include car insurance - this is covered below)	£	
TV, telephone and internet (including mobile phone costs)	£	
Groceries	£	
Public transport / car expenses (including road tax, car insurance, petrol and maintenance)	£	
Prescriptions	£	
Childcare costs	£	
Other ongoing costs (please specify)	£	

Please tell us about any personal debts you or your dependants may have

Include debts, mortgage payments, credit card balances, unpaid bills, or if there are arrears with any regular repayments.

Amount owed	In whose name	Owed to	Type of debt (e.g. Credit Card/Arrears)	Repayment amount	Frequency
£				£	
£				£	
£				£	
£				£	
£				£	

Please make sure you sign the declaration below

Before posting your application form, make sure you have enclosed

- Medical evidence of your condition from your GP, consultant or an appropriate medical professional
- A statement of exactly what help you would like us to consider providing
- A formal estimate of the cost of any treatment, service or equipment you require
- A copy of the most recent account statement for all bank/ building society and investment accounts relating to yourself, your partner and any dependants, covering at least one full, recent calendar month

Data Protection

Benenden Charitable Trust will treat any personal information you give us confidentially. We will record relevant data to our database. To consider your request fully, we may refer to the Benenden Health membership and medical records of anyone named in your application.

If we identify other charitable or similar organisations which may also be able to help, we will contact you to discuss this and to gain your explicit consent to share your personal information with them. We never give your personal details to anyone else for their marketing purposes.

Your declaration and signature

I declare that, to the best of my knowledge, the information provided in this application and the attached supporting documents is true and complete. I confirm that I have read the Privacy Notice and will also share it with any third parties where their personal information is included.

Signed

Date / /

Any questions just give us a call



0800 414 8450

(8am-4pm Monday-Friday)