**The British Orthopaedic Association Benevolent Fund**

Application for Financial Assistance

**Established by a Trust Deed dated 28 April 1938, the Benevolent Fund exists to relieve poverty among members of the Association, their widows and their children and to assist in the education of such children. The Fund is therefore intended to meet the needs of our members and their families who find themselves in distressed circumstances.**

1. **Please give details of the support required and the reasons why this support would help the child or adult.**

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| **2. Details of person for whom assistance is sought** | | | |
| Surname |  | First name(s) |  |
| Address |  |  |  |
|  | Date of Birth |  |
|  |  |  |
| Postcode |  | NI number |  |
| E-mail address |  |  |  |
| Telephone |  | Marital status |  |
| Mobile |  |  |  |
| Relationship to person on whom eligibility is based, i.e. 'Members of the Association' | |  | |

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| **3. Particulars of the parent/guardian (1) of the person for whom assistance is sought** | | | | NI Number |  |  |  | |  |  |  |  |  |  |
| Surname | |  | | First Name(s) |  | | | | | | | | | |
| Address | |  | |  |  | | | | | | | | | |
|  | |  | | Date of Birth |  | | | | | | | | | |
|  | |  | | Date of death (if applicable) |  | | | | | | | | | |
|  | |  | | Single/Married/Divorced/Widowed/Partner | | | |  | | | | | | |
| Postcode | |  | | Date of marriage/partnership (if applicable) | | | |  | | | | | | |
| E-mail address | |  | | Date of divorce/separation (if applicable) | | | |  | | | | | | |
| Telephone |  | | | Mobile | | | |  | | | | | | |
| How long at this address? | | |  | Type of accommodation (house, flat etc) | | | |  | | | | | | |
| Tenure: Owner occupied/  rented/leased | | |  | If owner occupier,  estimated value of the property | | | | | | | | | | |
| Previous address if changed within last 3 years | | | | | | | | | | | | | | |
| **If eligibility for assistance is based on parent/guardian (1) membership please give:** | | | | | | | | | | | | | | |
| Surname when Member (if different from above) | | | | | | | | | | | | | | |  | Date of Birth |  |
| Member No | | | | | | | | | | | | | | |  | To |  |
| Dates of Membership: From To | | | | | | | | | | | | | | |  | Cause of death *(if applicable)* |  |
| Any other relevant information: | | | | | | | | | | | | | | |  |  |  |

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| **4. Particulars of the parent/guardian (2) of the person for whom assistance is sought** | | NI Number |  |  |  |  |  |  |  |  |  |
| Surname |  | First Name(s) |  | | | | | | | | |
| Address  *(if different from parent /guardian (1))* |  |  |  | | | | | | | | |
|  | Date of Birth |  | | | | | | | | |
|  | Date of Death (if applicable) |  | | | | | | | | |
| Postcode |  |  | | | | | | | | | |
| E-mail address |  | Single/Married/Divorced/Widowed/Partner | | | | | | | | | |
| Telephone |  | Date of marriage/partnership (if applicable) | | | | | | | | | |
| Mobile |  | Date of divorce/separation (if applicable) | | | | | | | | | |
| If the parent/guardian are not living together, please complete the following | | | | | | | | | | | |
| How long at this address? | | Type of accommodation (house, flat etc) | | | | | | | | | |
| Tenure: Owner occupied/rented/leased | | If owner occupier, estimated value of the property | | | | | | | | | |
| Previous address if changed within last 3 years | | | | | | | | | | | |
| **If eligibility for assistance is based, or also based, on parent/guardian (2) membership please give:** | | | | | | | | | | | |
| Surname when member (if different from above) | | | | | | | | | | | |
| Member No | | | | | | | | | | | |
| Dates of Membership From To | | | | | | | | | | | |
| Any other relevant information: | | | | | | | | | | | |

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| 1. **Particulars of any other adults or children who live at the same address as the person for whom assistance is sought** | | | |
| Name | Age | Relationship to person for whom assistance is sought | Details of Employment |
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| **6. Employment** | Name of Employer | Nature of Employment | Dates | |
| From | To |
| Adult applicant’s Last or Current Employment |  |  |  |  |
| Parent/guardian (1) Last or Current Employment |  |  |  |  |
| Parent/guardian (2) Last or Current Employment |  |  |  |  |
| Step-parent’s or parent’s partner’s Last or Current Employment |  |  |  |  |

| **Monthly income**  **Round to nearest £** | | **Monthly expenditure**  **Round to nearest £** | | **Office Use** |
| --- | --- | --- | --- | --- |
|  | **£** |  | **£** |  |
| **Earnings** |  | Mortgage on main home |  |  |
| Net Wages/Salary (Adult applicant) |  | Mortgage on second home |  |  |
| Net Wages/Salary (Parent) |  | Rent (after deduction of housing benefit) |  |  |
| Net Wages/salary (other parent/step-parent/partner) |  | Council Tax |  |  |
| Maintenance/CMS Receipts |  | Water rates/sewage charges |  |  |
|  |  | Ground rent/service charge |  |  |
| **Pensions (Parent)** |  | Gas |  |  |
| Occupational Pensions (give total income received if more than 1 pension) |  | Electricity |  |  |
| State Retirement Pension |  | Other domestic fuel (e.g. oil, coal, calor gas, etc) |  |  |
| Any other pension |  | Housekeeping (inc food, cleaning materials, newspapers, laundry) |  |  |
|  |  | Telephone, mobile, internet |  |  |
|  |  | TV/video/satellite/cable |  |  |
|  |  | Other housing costs |  |  |
|  |  | Alcohol |  |  |
|  |  | Cigarettes |  |  |
| **Pensions (Parent’s Spouse/Partner)** |  | Pets |  |  |
| Occupational Pensions (give total income received if more than 1 pension) |  | Clothing |  |  |
| State Retirement Pension |  | Hairdressing and cosmetics |  |  |
| Any other pension |  | Travel costs (trains, buses, taxis) |  |  |
|  |  | Car (loan repayments / depreciation fund) |  |  |
|  |  | Car tax |  |  |
|  |  | Car fuel |  |  |
|  |  | Car MOT and maintenance |  |  |
|  |  | Car insurance |  |  |
| **State Benefits** |  | Life insurance |  |  |
| Universal Credit (adult applicant) |  | Buildings insurance |  |  |
| Universal credit (parent) |  | Contents insurance |  |  |
| Universal credit (parent’s spouse/partner) |  | Mortgage protection insurance |  |  |
| Disability-related benefits – please specify |  | Health insurance inc dental |  |  |
| Family/child-related benefits – please specify |  | Travel insurance |  |  |
| Other benefits – please specify |  | Other insurance |  |  |
|  |  | Pension contributions |  |  |
| **Grants** |  | Maintenance/CMS Payments |  |  |
| Bursary (school/university) |  | School meals/meals at work |  |  |
| Charity (please specify |  | Prescription/glasses/health costs |  |  |
| **All other income** *(eg rental from buy to let property, investment income, rent from lodger, contributions from other household members)*  *(please specify)* |  | Carer/childcare costs |  |  |
|  |  | Holidays |  |  |
|  |  | Entertainment (inc eating-out, subscriptions, cinema, books etc) |  |  |
|  |  | Loan repayments |  |  |
|  |  | Magistrates Court Fines |  |  |
|  |  | Other expenditure (please specify other items on which you spend more than £20 a week below |  |  |
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| **TOTAL INCOME** |  | **TOTAL EXPENDITURE** |  |  |

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| --- | --- |
| **8. Savings and capital** (inc investments, bank or building society savings accounts, Premium Bonds, ISAs, second homes, valuables, etc) | £ |
| Total savings of person for whom assistance is sought |  |
| Total savings of parent(s) |  |
| Total savings of parent’s spouse/partner if applicable |  |

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| **9. Liabilities/Debts** *(incl secured loans, unsecured loans, credit and store cards, HP, trading agreements, loans from family members)* | | | | | |
| **Type of debt** | **Date of purchase** | **Amount of contract** | **Monthly instalments** | **Total arrears of instalments** | **Amount outstanding** |
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| **TOTALS** | | | | |  |

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| **10. Money you are owed (***inc loans you have made to other people, outstanding insurance and compensation claims)* | | | | | |
| **Details (e.g. loan to son)** | **Date loan given** | **Amount of loan** | **Monthly repayments (if any)** | **Total outstanding** | **Amount outstanding** |
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| **TOTALS** | | | | |  |
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| **11. Please add any other relevant information** | | | | | |
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| **12. Declaration**   * I declare that the information I have given in Sections 1 – 11 is to the best of my knowledge correct. * I understand 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 DWP and other charities, in the course of this application. * I authorise the British Orthopaedic Association Benevolent Fund to approach other agencies, including the DWP and other charities, on my behalf. | |
| Signature of person in need of assistance, if adult | Date |
| Signature of parent or guardian if person in need of assistance is a child | Date |

Please state where you heard about the British Orthopaedic Association Benevolent Fund.