

Looking after those who have worked in the trades covered by the following trade associations:

**National Association of Jewellers**

**BritishTravelgoods and Accessories Association**

**The Giftware Association**

**Jewellery Distributors’ Association**

**Surface Engineering Association**

## APPLICATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Applicant: | | | | | |
| Partner’s Name: | | | | | |
| Address:  Post Code: | | | | | |
| Telephone number: | | | | | |
| Date of Birth | | | Partner’s Date of Birth: | | |
| Are You: Single / Married / Divorced /Widow / Widower | | | | | |
| **Next of Kin** (Other than spouse)  Address:  Tel: | | | | | |
| **Employment History :** (\* Delete as applicable) | | | **Of Me/**\*My Partner | | |
| Employers: | | | Years Employed | | Occupation |
| 1. | | | FROM: TO: | |  |
| 2. | | | FROM: TO: | |  |
| 3. | | | FROM: TO: | |  |
| CASE REFERRED BY: | | | | | |
| ORGANISATION: | | | | | |
| REASON FOR REFERRAL | | | | | |
| OTHER CHARITIES/ORGANISATIONS APPROACHED: | | | | | |
| 1. | 2. | | | 3. | |
| NEXT OF KIN: | | Tel: | | | |
| Address | | | | | |
|  | | | | | |
|  | | | | | |
| PHYSICAL OR MENTAL DISABILITY – Please list | | | | Have you any family or relatives? If so, could reasonably look to them for assistance? If so please give details: | |
| Applicants are advised that the function of the Benevolent Society is not to relieve the Department of Social Security, the Department of Work and Pensions or Local Authorities from any responsibility they may have to the applicant. The Trustees do not normally consider an application until after the case has been considered by the relevant Departments or Local Authority.  1 | | | | | |

|  |  |  |
| --- | --- | --- |
| MONTHLY HOUSEHOLD INCOME | | £ |
| PENSION | |  |
| EMPLOYMENT | |  |
| INCOME SUPPORT | |  |
| CARER’S ALLOWANCE (if received by applicant) | |  |
| MOBILITY ALLOWANCE | |  |
| DISABILITY LIVING ALLOWANCE | |  |
| SEVERE DISABLEMENT ALLOWANCE/INCAPACITY BENEFIT | |  |
| REGULAR CHARITABLE GRANTS – please list: | |  |
| INCOME FROM INVESTMENTS AND BANK DEPOSITS | |  |
| ANY OTHER INCOME – please list | |  |
| **TOTAL HOUSEHOLD INCOME PER MONTH:** | | £ |
|  | | £ |
| **MONTHLY EXPENDITURE** | |  |
| RENT – AMOUNT PAID (ie net of Housing Benefit) | |  |
| MORTGAGE (if applicable) – AMOUNT PAID | |  |
| MORTGAGE (if applicable) – AMOUNT OUTSTANDING £…………… | | --- |
| COUNCIL TAX PAID (ie nett of any benefit) | |  |
| WATER RATES | |  |
| GAS | |  |
| ELECTRICITY | |  |
| TELEPHONE | |  |
| TV LICENCE | |  |
| TV RENTAL | |  |
| CAR - FUEL | |  |
| INSURANCES | Life  Building  Contents Endowment  Car |  |
|  |
|  |
|  |
| HP/LOAN AND OTHER DEBTS (please list on reverse if necessary) | Amount Outstanding  Weekly payments |  |
| FOOD (please specify special diet) | |  |
| OTHER (please specify) | |  |
| **TOTAL:** | | £ |
| **Excess Income/Deficit** | | £ |
| IF YOU ARE A HOME OWNER, WHAT IS THE VALUE OF YOUR PROPERTY?  IF NOT IS YOUR PROPERTY OWNED BY (A) PRIVATE LANDLORD (B) HOUSING ASSOCIATION (delete as applicable). | | £ |
| WHAT IS THE VALUE OF YOUR SAVINGS? | | £ |
| SIGNED ........................................ PRINT NAME ...................................... DATED ........................... | | |

Please return this form with a copy of your recent bank (current account) statement and a professional reference (where possible) to: Mrs Laura Banner, Secretary, The Benevolent Society,

E-mail: laura.b.banner@gmail.com. Tel: 07985 611 209