



Application for a Grant

This form will help us to assess your needs. Please refer to our information sheet 'Applying for a grant' when completing the form. If you need further advice please do not hesitate to contact our freephone helpline – 0808 1682 233. Further information can be found on our website, www.pharmacistsupport.org.

About you and your spouse/partner

1. Your details

Family name First names

Date of birth Title

Age (years) Place of birth

Home address..... Marital status

..... Telephone number

Town Membership number (if applicable)

County Date of registration.....

Post code

2. Details of your spouse/partner (if applicable)

Family name First names

Date of birth Title

Age (years) Place of birth

Home address Marital status

Town Telephone number

County Membership number (if applicable).....

Post code Date of registration.....

3. Particulars of Sons/ Daughters or other contributing adults who are living at home

| Name | Age or date of birth | Relationship to applicant | Employment or school | Weekly income if employed | Weekly payment to household |
|------|----------------------|---------------------------|----------------------|---------------------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total weekly income/contribution: £..... /£.....

4. Your Employment History

How long have you / your partner worked in the profession?

Were you employed / self-employed? (*Delete as appropriate*)

List the last three places of employment with approximate dates

- 1.
- 2.
- 3.

About your finances

5. Savings and capital

| | Yourself | Your spouse |
|------------------------------------|-----------------|--------------------|
| Current account balance | | |
| Deposit or savings account balance | | |
| Building society account balance | | |
| National savings/premium bonds | | |
| Shares (market value) | | |
| Other savings (specify) | | |
| Investment property value | | |

6. Details of Income

Indicate the net weekly or monthly income after tax etc.

| | Applicant £ | Partner £ | <u>NB please state clearly whether amount is weekly or monthly</u> |
|--|-------------|-----------|--|
| Net earnings | | | |
| Retirement / Widow's Pension | | | |
| Occupational / private pension | | | |
| Other pensions | | | |
| Pension Credit | | | |
| Child Benefit | | | |
| Income Support | | | |
| Income Support (mortgage interest element) | | | |

| | | |
|------------------------------|--|--|
| Telephone | | |
| Hire purchase | | |
| Credit cards | | |
| Buildings insurance | | |
| Contents insurance | | |
| Life insurance | | |
| Housekeeping | | |
| Other – please specify below | | |
| | | |
| | | |
| | | |

Total: £.....

9. Details of any debts Indicate the total amount still owed and (where appropriate) the weekly repayments being made

| | Total owed | | Weekly repayments | |
|------------------------|-------------|-----------|-------------------|-----------|
| | Applicant £ | Partner £ | Applicant £ | Partner £ |
| Rent or Mortgage | | | | |
| Council Tax | | | | |
| Service Charge | | | | |
| Gas or electricity | | | | |
| Telephone | | | | |
| Credit /debit cards | | | | |
| Friend | | | | |
| Catalogue or Club | | | | |
| Bank overdraft or loan | | | | |
| Social Fund | | | | |
| Other – please specify | | | | |
| | | | | |
| | | | | |

10. Reason for grant application

Please tell us why you need a grant. You may find it helpful to apply for a grant under one of the headings provided in our information sheet, 'Applying for a grant ', but you do not have to. Please contact our helpline if you need assistance.

Please use a separate sheet of paper if necessary (or the last page of this form).

Your Bank Account and Declaration

11. Beneficiary bank account details

If a grant is awarded it will be credited direct to your bank or building society account. Please complete the following to enable this to be done

Name of Bank/Building Society _____

Branch address _____

Sort code number _____

Building Society reference number (if appropriate) _____

12. Declaration

To the best of my knowledge and belief I declare that the particulars given in this form are true and accurate of my current circumstances. I agree to inform Pharmacist Support immediately of any change in my circumstances.

I consent to Pharmacist Support processing and storing any information given in this application in accordance with the Data Protection Act 1998.

Please tick this box if you allow us to confer, in confidence, with other charities or organisations to seek help or make enquiries on your behalf (we will only do this if we consider this to be to your advantage)

I have enclosed documentary evidence in support of all items of income and savings.

Please sign and date this form and send to the following address:-

Pharmacist Support,
Suite 2 Talland Parade,
High Street,
Seaford,
East Sussex,
BN25 1PJ

Signed.....

Dated.....

Any other information

Please use this space to provide us with any other information that you feel is relevant to your application.