



Application for a grant

Private and confidential

This form will help us to address 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.

About you and your spouse/partner

1. Your details

Family name.....	First name(s).....
Date of birth.....	Title.....
Age.....	Marital status.....
Home address.....	Place of birth.....
.....	Telephone (home).....
.....	Telephone (mobile).....
Post code.....	Email.....
Registration number(if applicable).....	Date of registration.....
How long have you/your partner worked in the profession.....	
Were you employed/self-employed (Delete as appropriate).....	

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

Family name.....	First name(s).....
Date of birth.....	Title.....
Age.....	Marital status.....
Home address.....	Place of birth.....
.....	Telephone (home).....
.....	Telephone (mobile).....
Post code.....	Email.....
Registration number(if applicable).....	Date of registration.....

3. Details of sons, daughters and any contributing adults living at home

Name	Age or date of birth	Relationship to applicant	Employment or at school	Weekly income if employed	Weekly contribution to household

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

About your finances

4. Details of income

Indicate net weekly income after tax etc

Type of income	Applicant £	Partner £	Weekly or monthly
Net earnings			
State retirement pension			
Widows/widowers benefits			
Occupational/private pension			
Other pension(s)			
Child benefit			
Council tax benefit			
Housing benefit			
Income support			
Jobseeker's allowance			
Mortgage interest payments from income support or JSA			
Pension credit			
Incapacity benefit			
Employment and support allowance			
Severe disablement allowance			
Carer's allowance			
Attendance allowance			
Disability living allowance - mobility			
Disability living allowance - care			
Working tax credit			
Child tax credit			
Charitable income			
Income from savings and investments			
Property or rental income			
Any other income (please specify)			

Total £..... / £.....

5. Savings and capital

Indicate total current amount

Type of savings	Yourself	Partner
Current account balance		
Deposit or savings account(s) balance		
National savings/premium bonds		
Shares (market value)		
Other savings (please specify)		
Investment property value		

Total £..... / £.....

6. Details of housing

Is your home:- (please circle as appropriate)

Owned (no mortgage) / Owned (with mortgage) / Rented (private landlord) / Rented (local authority) / Rented (housing association/trust) / Sheltered accommodation / Care home*

*please give date of taking up residence:

Rented homes only

Does the rent include water and sewerage costs

YES/NO

Does the rent include heating costs

YES/NO

7. Expenditure

Type of expenditure	Amount £	Weekly or monthly
Mortgage repayments		
Mortgage protection insurance		
Ground rent		
Rent		
Care home fees		
Council tax		
Water and sewerage charges		
Gas		
Electricity		
Telephone		
Hire purchase		
Credit cards		
Buildings Insurance		
Contents insurance		
Life insurance		
Housekeeping		
Other (please specify)		

Total: £...../£.....

8. Details of any debts

Indicate the total amount still owed and (where appropriate) the weekly repayments being made

Type of debt	Total owed		Weekly repayment	
	Applicant £	Partner £	Applicant £	Partner £
Rent or mortgage				
Council tax				
Service charge				
Gas or electricity				
Telephone				
Credit				
Friends/relatives				
Catalogue or club				
Bank overdraft or loan				
Social fund loan				
Other (please specify)				

9. Beneficiary bank account details

If a grant is awarded, it may 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..... Account number.....

Building society reference number (if appropriate).....

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 continue on a separate sheet of paper if necessary.

11. Declaration

To the best of my knowledge and belief I declare that the particulars given on 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 return with documentary evidence (see 'Applying for a grant' for examples) and the completed equal opportunities monitoring form (see next page) to the following address:-

Pharmacist Support
3rd Floor,
The Pinnacle
73-79 King Street
Manchester
M2 4NG

Signed..... Date.....

Freephone: 0808 168 2233

Email: info@pharmacistsupport.org

Website: www.pharmacistsupport.org

Charity Number: 221438



Equal Opportunities Monitoring Form Confidential

This information is anonymous and will be separated from your application immediately upon receipt. It will therefore have no bearing on any decision taken, but is important as a means of ensuring the operation of equal opportunities policies.

Gender: (delete as appropriate) **Male/Female**

Age (please state your age in years)

Ethnicity(based on UK census questions)

Please tick one of the boxes below to indicate your ethnic origin

White - British	
White – Irish	
White – Scottish	
White – Welsh	
Other white background	
Black or Black British - Caribbean	
Black or Black British - African	
Other Black background	
Asian or Asian British – Indian	
Asian or Asian British - Pakistani	
Asian or Asian British – Bangladeshi	
Other Asian background	
Chinese	
Mixed – White and Black	
Mixed – White and Asian	
Other mixed background	
Other ethnic background – please specify	

Nationality (please specify)

Disability: do you consider yourself to have any kind of disability? **YES/NO**

(The Disability Discrimination Act 1995 defines disability as any physical or mental impairment which has a substantial and long-term (more than 12 months) adverse effect on a person’s ability to carry out normal day to day activities)

If you have said **YES**, please tick which category you think best describes your disability

Blind or partially sighted	
Deaf or hearing impairment	
Wheelchair user/other mobility difficulties	
Personal care support	
Mental health disability	
Any unseen disability eg diabetes, asthma	
Multiple disabilities	
Other disability – please specify	