



## Application for a grant

This form will help us to assess your needs. When completing the form, please refer to our information sheet *Applying for a grant from Pharmacist Support*. If you need further advice, please do not hesitate to contact our freephone enquiry line: **0808 168 2233**. **All information given is private and confidential. Please complete in black ink.**

### About you and your spouse/partner

#### 1. Your details

Surname ..... First name(s) .....  
 Date of birth ..... Title .....  
 Home address ..... Place of birth .....  
 ..... Marital status .....  
 Town ..... Telephone (home) .....  
 County ..... Telephone (mobile) .....  
 Post code ..... Telephone (work) .....  
 Registration / Prereg number ..... May we contact you at work? YES/NO  
 Date of registration ..... Email .....  
 Preferred method of contact (*circle as appropriate*) **Email / Mobile / Home phone / Work phone**

Status (*circle as appropriate*)

**Student / Preregistration trainee / Pharmacist / Retired pharmacist / Dependent child / Widow / Widower**

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

Surname ..... First name(s) .....  
 Home address (if different from above) ..... Title .....  
 ..... Date of birth .....  
 Town ..... Telephone (mobile) .....  
 County ..... Email .....  
 Post code ..... Occupation .....

#### 3. Children aged under 18 living in the household

Name	Date of birth	Are they in full time education	Are they in work	Weekly income if employed	Weekly contribution to household

#### 4. Adults living in your household (other than spouse or partner)

Name	Date of birth	Relationship to applicant	Are they in work	Weekly income if employed	Weekly contribution to household

#### 5. 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: .....

If you have a mortgage or own your own home, please give the value of the home: .....

Do you own any property in which you do not ordinarily live? YES/NO

#### About your finances

#### 6. Savings and capital

Please give details of all savings and/or capital held by you and your partner.

**Please also provide recent statements of savings** (see *Applying for a grant* for further details).

Any savings you have over £6,000 will be taken into consideration but will be assessed according to your circumstances and needs at the time of the application.

Type of savings	Amount
Current account balance	
Deposit or savings account(s) balance	
National savings/premium bonds	
Shares (market value)	
Investment property value i.e. value of a second home	
Other savings eg PEPs, TESSAs/ISAs (please specify)	

#### 7. Details of income and expenditure

Please give *monthly* details of income and expenditure for you and your partner in the table provided on page 3.

Please note that disability living allowance and attendance allowance will be disregarded as income when assessing this application as these benefits are paid to meet the cost of additional care and mobility needs.

Please use the table in section 8 to detail all payments for debts and outstanding arrears.

<b>Monthly income</b>	<b>Amount</b>	<b>Monthly expenditure</b>	<b>Amount</b>
Net earnings (after tax and NI)		Mortgage	
State retirement pension		Second mortgage	
Widows/widowers benefits		Rent (excluding any housing benefit)	
Occupational/private pension		Service charge/ground rent	
Other pension(s)		Council tax (excluding any council tax benefit)	
Sick pay		Gas	
Child benefit		Electricity	
Council tax benefit		Water rates/water and sewerage charges	
Housing benefit		Telephone and mobile phone	
Income support		TV/Satellite/Cable	
Jobseeker's allowance (JSA)		Care home fees	
Mortgage interest payments from income support or JSA		Buildings insurance	
Pension credit		Contents insurance	
Employment and support allowance (ESA)		Life insurance	
Incapacity benefit		Other insurance	
Severe disablement allowance		Housekeeping (food, laundry etc)	
Carer's allowance		Travel costs (public transport)	
Attendance allowance		Car costs (insurance, tax, MOT, running costs, fuel)	
Disability living allowance – mobility		Clothing	
Disability living allowance – care		TV licence	
Working tax credit		Pension contributions	
Child tax credit		Hire purchase	
Child support payments or maintenance payments		Work costs (meals/tools etc)	
Charitable income		Prescription/health costs	
Income from savings and investments		Carer/childcare costs	
Property or rental income		Bank overdraft	
Any other income (please specify)		Other (please specify)	
<b>Total monthly income</b>		<b>Total monthly expenditure</b>	

## 8. Details of any debts and arrears

Indicate the total amount owed and provide supporting documents in relation to details given.

	<b>Creditor</b>	<b>Amount owed</b> £	<b>Monthly repayments agreed</b> £	<b>Date of last payment made</b>
Rent or mortgage				
Council tax				
Service charge				
Gas or electricity				
Telephone				
Credit card				
Friends/relatives				
Catalogue or club				
Bank overdraft or loan				
Social fund loan				
Student loan				
Other (please specify)				

## 9. Applying on behalf of someone else

If you are applying on behalf of someone else, please give us your details:

Full name .....

Address .....

..... Post code .....

Telephone ..... Email .....

Relationship to you .....

Is the person aware of this application? YES / NO

## 10. Your 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.

Account name .....

Name of bank/building society .....

Sort code number ..... Account number .....

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

## 11. Reason for grant application

Please tell us why you need a grant, providing as much background information as possible. Without this information, the decision on your application could be delayed. You may find it helpful to refer to the information sheet '*Applying for a grant from Pharmacist Support*'. Should you need any advice on completing your form, contact our enquiry line on 0808 168 2233. (*Continue on separate sheet if necessary*)

## 12. Declaration

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

**Please note that failure to notify Pharmacist Support of any change in circumstances may result in payments being suspended or withdrawn.**

I consent to Pharmacist Support processing and storing any information given in this application and related supporting documentation in accordance with the Data Protection Act 1998. \* **If you require any further information regarding how we store and use this data please contact us.**

Please tick this box if you allow us to pass on your application and supporting documentation to our debt, benefits and employment advisers at Manchester CAB, if we consider it to be to your advantage to be referred for specialist advice.

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, savings and debts.**

Have you supplied:

- last three months' bank statements
- confirmation of any benefit/tax credit payments
- proof of MPharm student status (if appropriate)

See *Applying for a grant from Pharmacist Support* for more information on documentary evidence required. Failure to provide supporting documentation will delay the assessment of your application.

Please sign and date this form and return with the completed equal opportunities monitoring form (see next page) to the following address:-

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

Signed.....

Date.....

## 13. How you heard about Pharmacist Support

Please tell us how you heard about Pharmacist Support (tick any relevant options):

  
  
  
  

Advert *(please specify where below)*

Article *(please specify where below)*

Event *(please specify where below)*

GPhC

MEP

  
  
  
  

RPS

University

Web search

Word of mouth

Other *(please specify where below)*

**Please specify** .....



## 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 e.g. diabetes, asthma	
Multiple disabilities	
Other disability – please specify	