



The Benevolent Fund of the Nightingale Fellowship

Application form to the Benevolent Fund

STRICTLY CONFIDENTIAL

Please return the completed form to
Mia Duddridge, The Nightingale Fellowship
6 Trull Farm Buildings, Trull, Tetbury, Gloucestershire GL8 8SQ
info@thenightingalefellowship.org.uk

EXTERNAL ADVICE

If you need impartial, external advice on your legal rights or managing your debt you can contact:

National Debt Line: 0808 8084000 or www.nationaldebtline.co.uk

Community Legal Service (CLS) Direct: 0845 3454345 or www.clsdirect.org.uk

Should you have problems reading this form please contact

**The Nightingale Fellowship on
01285 841908**

The Benevolent Fund may be able to assist with:

- Contributions to small home alterations, e.g. Hand Rails – Hoists
- Utility Bills
- Cash

The Benevolent Fund is not able to assist with:

- Credit Card and Other Debt
- Nursing Home Fees

For further information

- please see the Guidelines for Applicants

We require you to contact the Citizens Advice.

Citizens Advice: www.citizensadvice.org.uk

If this is your first application we require you to confirm that you have taken advice from your local Citizens Advice (CA) to establish your possible entitlement to state benefits. **Please attach confirmation from the CA.**

Please use **BLOCK CAPITALS** and black ink

1. Personal Details

Title *(delete as appropriate)* Mr Mrs Miss Ms or other

Surname _____

Maiden Name _____

Forenames _____ DOB _____

Address _____

Postcode _____

Telephone/Mobile No _____

E-mail Address _____

Employment Details *(tick the relevant box)*

Employed Retired

Unemployed Other

If other please provide details _____

If employed please give the name of your employer _____

Position Held: _____

To help us process your form use the following to indicate **frequency** of payment:

Weekly – **W** Fortnightly – **F** Monthly – **M** Annual – **A**

2. Income Details

Type	Amount	Frequency	Type	Amount	Frequency
Salary/Wages	£ _____	<input type="checkbox"/>	Tax Credits		
State Retirement Pension	£ _____	<input type="checkbox"/>	Working Tax Credit	£ _____	<input type="checkbox"/>
Occupational Pension(s)	£ _____	<input type="checkbox"/>	Child Tax Credit	£ _____	<input type="checkbox"/>
Other Pensions	£ _____	<input type="checkbox"/>	Pension Tax Credit	£ _____	<input type="checkbox"/>
Maintenance Payments	£ _____	<input type="checkbox"/>	Attendance Allowance		
Child Benefit			Higher Rate	£ _____	<input type="checkbox"/>
Eldest Child	£ _____	<input type="checkbox"/>	Lower Rate	£ _____	<input type="checkbox"/>
Other Children	£ _____	<input type="checkbox"/>	Disability Living Allowance		
Child Maintenance	£ _____	<input type="checkbox"/>	Mobility Component	£ _____	<input type="checkbox"/>
Job Seekers Allowance	£ _____	<input type="checkbox"/>	Care Component	£ _____	<input type="checkbox"/>
Income Support	£ _____	<input type="checkbox"/>	Other Income	£ _____	<input type="checkbox"/>
Housing Benefit	£ _____	<input type="checkbox"/>	Total Monthly Income	£ _____	
Council Tax Benefit	£ _____	<input type="checkbox"/>			

3. Outgoings

Type	Amount	Frequency	Type	Amount	Frequency
Rent/Mortgage/Care Home Fees			Travel expenses	£ _____	<input type="checkbox"/>
	£ _____	<input type="checkbox"/>	Vehicle fuel	£ _____	<input type="checkbox"/>
Private Carer	£ _____	<input type="checkbox"/>	Vehicle insurance/tax	£ _____	<input type="checkbox"/>
Council Tax	£ _____	<input type="checkbox"/>	Vehicle loan	£ _____	<input type="checkbox"/>
Gas/Water/Electric	£ _____	<input type="checkbox"/>	Television fees	£ _____	<input type="checkbox"/>
Telephone (inc Mobile)/Internet			Recreation/Holidays	£ _____	<input type="checkbox"/>
	£ _____	<input type="checkbox"/>	School Expenses	£ _____	<input type="checkbox"/>
Food	£ _____	<input type="checkbox"/>	Credit/Store Cards	£ _____	<input type="checkbox"/>
Clothing	£ _____	<input type="checkbox"/>	Loans	£ _____	<input type="checkbox"/>
Home Insurance			Other Debts	£ _____	<input type="checkbox"/>
Buildings Insurance	£ _____	<input type="checkbox"/>	Other Outgoings	£ _____	<input type="checkbox"/>
Contents Insurance	£ _____	<input type="checkbox"/>	Please Specify _____		
Child Maintenance	£ _____	<input type="checkbox"/>	Total Monthly Outgoings	£ _____	

4. Other Information

Number of dependent children _____

Ages

Total Savings £ _____

Additional household income including partner's income (including benefits) £ _____

Number of adults in your home _____

Please attach an additional sheet containing any other information you believe we should know about, i.e. details of any other agencies you are applying to, and if you have applied to the Nightingale Benevolent Fund previously.

If you are applying on behalf of a Nightingale please state your name and contact details (Block Capitals):

Name _____

Address _____

Telephone Number _____

DATA PROTECTION ACT 1998: I agree that personal data in support of my application may be held and processed by the Nightingale Fellowship Benevolent Fund as computer or paper based data. I understand that this information will only be used in connection with my application.

I have read the **Guidelines for Applicants** which I understand and agree to abide by.

Signed _____ Date _____

please see overleaf