

**DATA PROTECTION ACT 1998:** I understand that The Trust Partnership (TTP) provide administration support to The Nightingale Fellowship and I consent to TTP providing Cavell Nurses' Trust with information held on their database regarding my membership of The Nightingale Fellowship and previous applications for financial support.

I understand that all information provided to Cavell Nurses' Trust will remain confidential and will be held in accordance with Data Protection legislation

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

Sign:

Date:

#### 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](http://www.nationaldebtline.co.uk)**

**Community Legal Service (CLS) Direct: 0845 3454345 or [www.clsdirect.org.uk](http://www.clsdirect.org.uk)**

Should you have problems reading this form please contact Cavell Nurses' Trust on **01527 595 999**



## The Benevolent Fund of the Nightingale Fellowship Administered by Cavell Nurses' Trust

Application form to the Benevolent Fund

#### STRICTLY CONFIDENTIAL

Please return the completed form to  
Cavell Nurses' Trust  
Grosvenor House, Prospect Hill, Redditch, B97 4DL  
[Welfare@cavellnursestrust.org](mailto:Welfare@cavellnursestrust.org)

#### 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 Bureau.

**Citizens Advice: [www.citizensadvice.org.uk](http://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 Bureau (CAB) to establish your possible entitlement to state benefits. **Please attach confirmation from the CAB.**

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 the information contained in this application and supporting documentation is accurate and that I have given full disclosure of my financial situation.

I agree that all of the information I have provided may be held in the manual and computer files of Cavell Nurses' Trust.

\_\_\_\_\_ *please see overleaf*