



SGF Benevolent Fund - Application for Assistance

If you need help filling in any details, please call us on the number above.

Title (Mr/Mrs/Ms/Miss/other)..... **Name in full**

Date of birth..... **National Insurance Number**

Type of accommodation (please circle)

- Own home Rented Sheltered housing Residential/Nursing home Static home

Address

Postcode

Phone number (Inc. std. code)..... **Mobile number**

Email address

Number of dependent children living with you?..... (Please give details below)

Name of 1st child..... Date of birth

Name of 2nd child..... Date of birth

Name of 3rd child..... Date of birth

Name of 4th child..... Date of birth

Marital status (please circle)

- Married Civil partnership Divorced Widowed Single Living with long term partner

Name of spouse/partner

Date of birth..... **National Insurance Number**

Does anyone else live with you at this address? Yes No

Their name

Please state your relationship with them? Family Friend Lodger Other

Do they make any contribution to the household costs?

Yes No **How much per week** £

Next of kin's title (Mr/Mrs/Ms/Miss/other)

Next of kin's name in full

Next of kin's address

..... Postcode

Next of kin's telephone number..... Relationship to you

Is your next of kin aware of this application? Yes No

Even if your next of kin is aware of your application we will not contact them unless we are unable to contact you directly at any time. Where you have indicated that the next of kin is not aware, we will never contact them without your permission.

Your present state of health? (Please supply further information on any illness or disease)

Has any other charity been approached for assistance? Yes No Who?.....

Where did you learn about us?

Employment history

Yourself					
Name of company	Type of company	From (year)	Until (year)	What job	Total no. of years

Partner (please state jobs spouse/partner had in the grocery or confectionery industry as this may help your application)					
Name of company	Type of company	From (year)	Until (year)	What job	Total no. of years

Financial details

A couple must declare their joint weekly income. A “couple” for this purpose is deemed to be two people living together in the same accommodation, e.g. married/partners, family members, friends, if both are bringing income into the house and both are paying something towards the weekly expenditure.

Weekly income	Self £	Partner £	Weekly expenditure	Self £	Partner £
Employment (if working net figure)			Mortgage repayments		
State Retirement Pension			Rent (or amount paid)		
Occupational Pension			Council Tax (or amount paid)		
Bereavement Benefits			Service charge/Ground rent		
Pension Credit Guarantee			Water/Sewerage		
Pension Savings Credit			Electricity		
Severe Disability Premium*			Gas/Oil/Fuel		
Attendance Allowance			Telephone		
Disability Living Allowance (please select rate if known) Care – highest/middle/lower Mobility - higher/lower			Household insurance		
Child Benefit			TV Licence		
War Pension/War Widow's Pension			TV Rental (or Tel/TV/Internet)		
Child Tax Credit			Care Home Fees		
Incapacity Benefit /Employment & Support Allowance/Severe Disablement Allowance			Details of HP commitments/debt (To be taken only if beneficiary offers)		
Carer's Allowance			Debt/arrears (please give details below)		
Job Seeker's Allowance					
Working Tax Credit					
Income Support					
Industrial Injuries Disablement					
Child Maintenance			Costs relating to health if receiving DLA/AA/SDP:		
Income from relatives/other charities			Travel		
Friends and family			Other		
Total weekly income (excluding those in the shaded box)			Total weekly expenditure (excluding those in the shaded box)		

Savings	Self £	Partner £	Savings (continued)	Self £	Partner £
Bank – Current			ISA		
Bank – Savings			Other (please give details)		
Premium Bonds					
Shares					
Building Society			Total		

Declaration

- I declare that the information in this application is accurate and gives a true account of my/our present financial position, and that the relevant supporting documents can be provided if required.
- I understand the information I have provided will be used to process this application for assistance.
- I/we agree that the details on this form and other information that I/we may give to the charity in the future about myself/ourselves may be passed, on my/our behalf, in complete confidence to the department for work and pensions (DWP), other charities and suppliers of emergency grant items, and any other organisation which will be agreed with you in writing prior to us releasing your details.*

By signing this form I/we agree to the information in the form and any attachments being stored in the charity's filing system and part of this information transferred onto the charity's computer system and database for the sole use of the charity's records. We are committed to ensuring that we handle all data which we hold about you, in a safe and responsible manner and in accordance with the Data Protection Act 1998.

The form **must be signed** by you (or your power of attorney) and any person living with you whose income is taken into consideration.

Your signature Date

Your name (Please print)

Signature of other person providing details (If applicable)..... Date

Their name (Please print)

Please send the completed form to:

SGF Benevolent Fund
Federation House
222 Queensferry Road
Edinburgh
EH4 2BN

Or Call
Tel: 0131 343 3300

Or Email it to:

m.smith@scotgrocersfed.co.uk

www.scottishshop.org.uk