

APPLICATION FORM

Veterinary Nursing Benevolent Fund

“Supporting members and their families in times of hardship or need”

The Daphne Shipman Benevolent Fund (DSBF) has been set up to assist BVNA members who are in severe financial hardship. The fund is available on the basis of donations agreed by the DSBF to current members who hold at least two years’ membership. Collective claims will not be considered and please note that claims to replace loss of wages for reasons other than ill health are not eligible.

We will let you know that we have received your application, which will be assessed as quickly as possible. We also need to check that your request meets our criteria and that you are eligible to apply. Please be aware that applications are prioritised in terms of their urgency and not necessarily in order of the date they are received. You will be notified in writing once we have made our decision.

Where a bursary is agreed, this will be paid either directly to you (where assistance is for personal expenditure) or to a third party i.e. a utility company (where assistance is for payment of services or goods). If you receive a monetary award from the fund you may only use the money for the purpose for which it was granted. All our grants are discretionary.

Data Protection Declaration

The purpose of the declaration is to ensure that you are satisfied that the information provided is correct and that you authorise us to approach other charities and organisations. If personal details of your spouse/partner are included, their consent should be obtained wherever possible before the form is returned.

DECLARATION

I declare that the foregoing statements made by me are correct to the best of my knowledge and I undertake to inform the Daphne Shipman Benevolent Fund immediately of any changes in my circumstances.

I authorise The Daphne Shipman Benevolent Fund, and anyone properly instructed on its behalf, to make any enquiries deemed necessary in support of my application.

I consent to the disclosure of any information provided by me to other charities and/or relevant third parties who may be contacted in the course of such enquiries.

I understand that this process may include disclosure of, information to any relevant medical expert or doctor, my general practitioner, the referees and any individual or organisation that can verify the financial information provided by me and I give my consent to this.

I understand that this information will be retained and processed for the purposes of this and any future applications made to The Daphne Shipman Benevolent Fund and I give my consent to this.

Signature of applicant

Date

Did the applicant complete the form Yes No

If the answer is No, please insert name, address, telephone number and relationship to the applicant, below

Please complete the form and return to;
The Daphne Shipman Benevolent Fund
BVNA, Suite 123 Innovation Centre
Maypole Boulevard
Harlow
Essex
CM17 9TX

Tel: 01279 969284 (Direct Line)

Email: Treasurer, Angela Mariconda via angela@bvna.co.uk

Registered with the Charity Commission 1088291

Application for The Daphne Shipman Benevolent Fund

Applicant Information

Full name:

Date of birth:

Marital status:

Phone:

Mobile:

Present age:

Landline:

Current address:

Postcode:

Email address:

Do you own or rent your home?

Own Rent *(Please circle)*

If you are a homeowner, please give an approximate value for your property and the length of remaining mortgage or the amount of mortgage left to pay:

If you rent, is the property owned by a private landlord or housing association?

Monthly mortgage payment or rent:

How long have you been resident here?

Employment Information

Present employment status: Not working/Employed (Full/Part Time)/Self Employed

National insurance number:

Employer's name & address if applicable:

Present Income

Hourly rate:

or

Work phone number:

Annual income:

Position:

Length of present employment:

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Previous employer if present employment less than 1 year:

Please include details of any secondary employment/income here:

BVNA Membership

Membership Number:

Category of membership:

Length of membership:

Has membership been continuous for this period? YES/NO

If not it would be helpful to provide a reason for this:

Household Circumstances

(These are required because of the financial impact they may have on your personal circumstances)

Personal circumstances:

(Please indicate if you are single/married/divorced/widowed/in a civil partnership/living with a partner)

Please provide your partner's name if applicable:

If your partner is in paid employment please provide details of their occupation and annual income:

Application for The Daphne Shipman Benevolent Fund

If you are financially responsible for someone not living in your home please tell us their name, relationship to you and the level of, and reason for, the financial support:

Please provide the names and ages of any dependents and if over 18 whether they are in paid employment –

Name	Age	Relationship to you	Employed/In education/Other	Income if in employment	Financial contribution to household

APPLICATION FOR FUNDS

Please provide a summary of the reason(s) for making this application to the Daphne Shipman Fund:

(Any additional information that you wish to include to support your application can be submitted on a separate page)

Please note that you will be required to provide documentation to support your application. The nature of this will depend upon the circumstances of your application, for example if your application is due to ill health, we will need to see evidence of this in the form of a doctor's letter. It is also likely that we may request to see copies of bank statements.

Please indicate the amount of financial aid that you are applying for and how it would be used:

Application for The Daphne Shipman Benevolent Fund

Have you ever made an application to this fund before? YES/NO

(If yes please provide brief details below):

If applicable, have you sought advice from a debt counsellor? YES/NO

If yes please provide details below:

References

Please provide the contact details for two referees who would be prepared to support your application.

They should not be close relatives or work colleagues with the exception of your employer.

Name:

Name:

Postal address:

Postal address:

Email address:

Email address:

Phone:

Phone:

Signatures

I authorise the verification of the information provided on this form as to my credit and employment.

Please print full name here:

Signature of applicant:

Date:

Expenditure – Please indicate monthly outgoings unless specified

Household	Applicant	Partner
Mortgage repayments or rent		
House insurance		
Council tax		
Utilities:		
Water/Sewerage		
Electricity		
Gas		
TV license		
TV packages e.g. Sky		
Telephone:		
Landline/Mobile		
Broadband		
Other household expenses		
Average <u>weekly</u> shopping bill		
Other expenses (please detail anything that can help support your claim)		
General		
Medical fees e.g. regular prescriptions		
Veterinary fees		
Life insurance premiums		
Personal pension payments		
Average travel expenses <u>per week</u>		
Personal loan repayment		
Credit card repayments		

HP/Credit agreements		
1		
2		
3		
4		
Clothing		
Other expenses (please detail anything that can help support your claim)		
Car		
Finance agreement		
Average fuel bill <u>per week</u>		
General running costs, including MOT/Insurance etc		
Other car expenses		
Total Expenses	£	£
Income		
	Applicant	Partner
Income - Employed		
Income - Self employed		
State pension		
Occupational pension		
Income from other sources:		
Income from lodgers/boarders		
Regular financial support from relatives		
Dividends/interest from investments or savings		

Benefits:		
Unemployment benefit		
Sickness benefit		
Child benefit		
Housing benefit		
Attendance allowance		
Mobility allowance		
Other state benefits – please give details		
Other income e.g. grants bursaries or lump sums – please provide details		
Total Income	£	£
Assets		
Value of property owned by self or partner		
Outstanding balance in current account		
Outstanding balance in savings account(s)		
Other assets – please provide details		
Total Assets	£	£
Financial Liabilities		
Outstanding mortgage		
Outstanding loans		
Credit card balances		
Outstanding hire purchase agreements		
Other liabilities and/or debts – please provide details		
Total Liabilities	£	£

If you require any assistance in completing this form, please email Angela Mariconda who will be able to assist you.

The information you provide is completely confidential and will help support your claim.

Email: angela@bvna.co.uk