



Seafarers Hospital Society
 29 King William Walk, Greenwich SE10 9HX
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**INDIVIDUAL ASSISTANCE GRANT
 APPLICATION FORM**

Application supplied by

Name:.....

Organisation (where appropriate):.....

To process your request for financial assistance as quickly as possible, we require full replies to the questions below. If you have difficulty completing the form please contact the Society.

1. Applicant details			
Surname		Forenames	
Address		NI Number	
		Date of birth	
		Place of birth	
		Telephone	
Postcode		Single/married/ divorced/widowed/ partner	
Length of time at this address:			
Accommodation type (house flat etc):		Date of marriage/ partnership (if applicable)	
Owner occupier/rented/leased:			
Name of landlord (where applicable):		Date of divorce (if applicable)	
Previous address if changed in last 3 years			Date spouse/ partner died (if applicable)
		Relationship to person in section 4	
Postcode			

2. Particulars of spouse/partner			
Surname		Forenames	
Address (if different from applicant)		NI Number	
		Date of birth	
		Place of birth	
		Reason for separate address:	
Postcode			

3. Particulars of sons and daughters (including adults) and dependants				
Name	Age	Living at home or away	Relationship to applicant	Current employment/ education/ training etc status

IN CONFIDENCE WHEN COMPLETED

4a. Particulars of person on whom eligibility is based				
Surname when serving		Date of birth		
Forenames		Relationship to applicant		
Date of death (if applicable)		Cause of death (if applicable)		
Employment history in Merchant Navy or Fishing Fleet	Date joined	Date left	Reason for leaving: Resignation, illness, injury, redundancy, other	
Discharge Book No:	Rank/rating at end of service:			
Service details verified YES/NO	Means of verification:			
Details of service in hostile waters, where applicable (i.e in time of war/conflict):				
Details of service with RNLI, where applicable:				
4b. Details of other employment (including armed services)				
Name of employer	Nature of employment	Dates		Type of business or trade union/trade association
		From	To	
5. Details of employment of spouse/partner (including armed services)				
Name of employer	Nature of employment	Dates		Type of business or trade union/trade association
		From	To	
6. State of health				
Are you or any members of your household chronically ill or suffering from a permanent disability YES / NO				
If YES, please give brief details (you may be asked to obtain a letter from your GP):				

IN CONFIDENCE WHEN COMPLETED

7. Weekly income and expenditure of household						
Weekly income	£		Weekly expenditure	£		Arrears Payments £
Earnings			Mortgage			
Wages/salary (applicant)			Second Mortgage			
Wages/salary (spouse/partner)			Rent (net of Housing Benefit see Section 9)			
Tax Credit			Council Tax (net of Council Tax Benefit see Section 9)			
Maintenance/CSA receipts			Gas			
			Electricity			
Pensions (applicant)			Water rates/sewage charges			
Occupational pension(s)			Magistrates Court fines			
State Retirement Pension			Maintenance/ CSA payments			
Pension Credit			Telephone			
War Disablement Pension			TV/Video/Satellite/Cable			
State Widow's Pensions/ Bereavement Allowance			Ground rent/service charge			
War Widow's Pensions/AFFP Pension			Buildings/contents insurance			
			Other housing costs			
Pensions (spouse/partner)			Mortgage endowment policy			
Occupational pension(s)			Life Insurance			
State Retirement Pension			Other insurance(s)			
Pension Credit			Other fuel (incl oil, coal, bottled gas)			
War Disablement Pension			Pension contributions			
State Widow's Pensions/ Bereavement Allowance			Carer/childcare costs			
War Widow's Pensions/AFFP Pension			Housekeeping (incl food, laundry, cleaning materials, pocket money etc)			
State Benefits			Car costs (incl insurance, MOT, tax, running costs etc)			
JSA/ESA/IS (applicant)			Travel costs (incl taxis and buses)			
JSA/ESA/IS (spouse/partner)			School meals/meals at work			
Disability related benefits – specify			Clothing			
			Prescriptions/health costs			
			Liabilities/debts (from Section 10)			
Family/child related benefits – specify			Other expenditure - specify			
Other benefits – specify						
All other income (eg sub-letting, contributions from other household members, grants from other charities) – specify						
TOTAL INCOME			TOTAL EXPENDITURE			

IN CONFIDENCE WHEN COMPLETED

8. Savings and capital	£
Applicant's and spouse/partner's total savings (incl capital, investments, building society, bank)	

9. State benefits	£
Housing Benefit received	
Council Tax Benefit received	
Are enquiries about other benefits being made? YES/NO If YES, which benefits?	

10. Liabilities/debts (incl secured loans, unsecured loans, HP, trading agreements, loans from family members)					
Creditor	Date of loan	Amount of loan £	Weekly instalments £	Total arrears of instalments £	Amount outstanding £

11. Previous assistance (from all charitable sources)			
Date	Amount	Fund	Nature of assistance

12. Assistance required		
Please summarise the assistance required. Further information may be provided at Section 15, and copies of relevant invoices, estimates or quotes should be enclosed.		
Type of assistance	Estimated cost £	Contribution from client and family members

Important Note: Where there is any question or doubt over benefits or other entitlements or rights relevant to this application, it is strongly recommended that you contact the Seafarers' Advice and Information Line (SAIL) prior to submitting this form. SAIL is operated on behalf of the Seafarers Hospital Society by Greenwich Citizens Advice Bureau. Advice/information is free and confidential, and the Line is open Monday to Friday 10 am – 4 pm: telephone - 0845 7413318 (calls are charged at local rate); email – admin@sailine.org.uk.

13. Other funds approached (Local, national, occupational etc, with amounts requested/promised/received if known)	
1	4
2	5
3	6

14. Declaration

- I declare that the information I have given in Section 1-12 is, to the best of my knowledge, correct.
- I understand that the information I have provided will be used to process this application for assistance.
- I agree that the details on this form may be passed in confidence to other agencies and charities, including the Seafarers' Advice and Information Line, in the course of this application.
- I authorise the Seafarers Hospital Society to approach other agencies and charities, including the Seafarers' Advice and Information Line, on my behalf.

Signature of applicant	Date
Signature of applicant's spouse/partner	Date

For use by independent caseworker (if applicable)

15. Caseworker's Report & Recommendations

Caseworkers are reminded of their responsibilities with regard to the Data Protection Act 1998

		Amount required £

(continue on page 6 if necessary)

Name of caseworker (block capitals)		Signature of caseworker	
		Date	
Address		Telephone	
		Fax	
		Email	
Postcode			

(continued from section 15)