



Seafarers Hospital Society
 29 King William Walk, Greenwich SE10 9HX
 Tel: 020 8858 3696 Fax: 020 8293 9630
 Email: admin@seahospital.org.uk

INDIVIDUAL ASSISTANCE/TRAVEL GRANT APPLICATION FORM

Application supplied by

Name:

Organisation (where appropriate):

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

1. Applicant details			
Surname		First name	
Address		Date of birth	
		Married/partner/ single/divorced/ widowed	
Postcode		Date spouse/ partner died (if applicable)	
Accommodation type (house flat etc):			
Owner occupier/ rented/leased:		How long at this address?	
Type of landlord: LA, HA, Private			

2. Particulars of spouse/partner			
Surname		First name	
Address if different to above		Date of birth	
		Reason for separate address:	
Postcode			

3. Particulars of dependants, children			
Name	Age	Living at home or away	Current employment/ education/ training etc status

4a. Particulars of person on whom eligibility is based			
Surname when serving		Date of birth	
First name		Relationship to applicant	
Date of death (if applicable)		Cause of death (if applicable)	

IN CONFIDENCE WHEN COMPLETED

Employment history in Merchant Navy or Fishing Fleet	Date joined	Date left	Reason for leaving: Resignation, illness, injury, redundancy, other

Discharge Book Number:	Rank/rating at end of service:
Service details verified YES/NO	Means of verification:

Details of any service in hostile waters/times of conflict, or with Royal Navy or Royal Fleet Auxiliary

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. Details of applicant's or other household members chronic illness or disability

Name	Illness / Disability	Start Date

IN CONFIDENCE WHEN COMPLETED

Weekly Income	£	Weekly Expenditure	£	Arrears
Earnings		Housing Costs		
Wages/Salary (applicant)		Mortgage		
Wages/Salary (spouse/partner)		2 nd mortgage/secured loan		
Maintenance/CSA receipts		Rent (less Housing Benefit)		
Sub-letting, boarders etc.		Council Tax (less support)		
Pensions (applicant)		Water/sewage rates		
State Retirement Pension		Ground rent/service charge		
Annuities		Other housing costs		
Occupational Pension				
Service Retirement Pension		Other Expenditure		
Other pensions		Electricity		
Pensions (spouse/partner)		Gas		
State Retirement Pension		Other fuel costs		
Annuities		Telephone – landline & mobile		
Occupational Pension		TV/satellite/cable/video		
Service Retirement Pension				
Other pensions				
State Benefits (applicant)		Payments to pension		
Universal Credit		Insurance – life		
ESA/JSA/Income Support		Insurance -contents/buildings		
Working & Family Tax Credit		Insurance -other (not car)		
Pension Credit		Car costs – all (tax, insurance, MOT, fuel)		
Attendance Allowance		Travel costs (not car)		
DLA – mobility/care				
Personal Independence Payment				
Carers Allowance		Liabilities (from Section 10)		
State Benefits (spouse/partner)				
Universal Credit		Weekly shopping		
ESA/JSA/Income Support				
Working & Family Tax Credit		Prescriptions/health costs		
Pension Credit		Care costs		
Attendance Allowance		Childcare costs		
DLA – mobility and care		School costs -inc trips, meal, travel		
Personal Independence Payment		All other expenditure – give details*		
Carers Allowance		*		
		*		
Child Benefit		*		
Other income - give details*		*		
*				
*				
*				
TOTAL INCOME		TOTAL EXPENDITURE		
Balance (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	Cost £	Contribution from client and family members

Important Note: Where there is any question or doubt over benefits, debts 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: **0800 160 1842**. Email: **advice@sailine.org.uk**

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

IN CONFIDENCE WHEN COMPLETED

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

(continued from section 15)

SEAFARERS HOSPITAL SOCIETY

PRIVACY STATEMENT

If you applied for a welfare grant

We will normally have been sent your information by one of our partner organisations, acting as case workers when applying for a welfare grant. They will have completed an application form with you and ensured you have given explicit permission to share your information with us. We will never process an application unless we have your permission to access your details.

We recognise that the information you provided might be highly personal and sensitive and we assure you that this is always held in a secure way. We will use this information only for the purpose of dealing with your application for a grant, that is, in making a decision about whether you meet the Society's criteria for support. We may also use the information to assist in the training of new staff or in the monitoring and evaluation of the services we provide.

The Society takes looking after your information very seriously and we will never share your personal details with anyone else without your express permission. Information in printed form is held in locked cabinets and in electronic form in a secure manner on a Microsoft 365 platform. All our staff are fully trained in cyber security and data protection principles and our computers are accessed only by using secure passwords. Access to your information is restricted to those staff that need to use the data as part of their jobs.

We hold your information because you provided it to us when applying for support and, in order to fulfil statutory requirements, we are obliged to retain financially related information for 7 years. After this time the information can be securely destroyed – paper documents are shredded or destroyed through a company certified to dispose of confidential information, and digital records are deleted securely.

You have the right to know what personal information the Society holds about you, and you can enquire about this by contacting the Society's Data Protection Officer Mrs Sandra Welch, on 020 8858 3696, or by email to admin@seahospital.org.uk, or write to him at Seafarers Hospital Society, 29 King William Walk, Greenwich SE10 9HX.

You have the right to request a copy of the personal information the Society holds about you, and information on how we use it, why we use it, who we share it with, and how long we keep it.