



APPLICATION INFORMATION

Thank you for downloading an Application Pack for the Electrical Industries Charity. Please see the **Guidance Notes** which are pages 11-12 to help you with completing the form.

Once you have completed the form you **MUST** return it with the following supporting documents to the Electrical Industries Charity (address on website and Application Form) if you do not, then your Application may be delayed.

- Include the latest letter/statement from the DWP regarding pensions/benefits/tax credits etc
- If in receipt of a private or occupational pension then enclose the last 3 months payslips
- If applicable – the last 3 months of payslips
- Copies of your latest full bank statement(s) covering 3 months for both current and any savings accounts.
- If you are requesting help with a specific item then 2 or 3 quotes should also be included.
- Any medical equipment will almost certainly require an OT assessment and can be discussed at a later date.

We look forward to hearing from you in due course, but if you have any questions then please do not hesitate to call us.

Access Assistance

0800 652 1618



APPLICATION FOR ASSISTANCE FORM - IN CONFIDENCE

1. NAME AND ADDRESS

Surname

First Name(S)

Title Mr Mrs Miss Ms Other

Address

.....

..... Post Code

2. PERSONAL DETAILS

Marital Status: Single Married/Partner Widowed Divorced Separated

Date of birth:

Contact Details:

Home Phone Number:

Mobile Number:

Work or other daytime no:

Email(s) :

Spouse/Partner:

Name: Date of birth:

Next of kin

Name:

Address (if not as above)

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..... Post Code

Phone number:

Relationship:

How did you hear of us? Employer/Colleague/Turn2Us/Internet search/Other charity/CAB/Other

Please underline or circle the most appropriate

EMPLOYMENT HISTORY (Spouse/partner)

NI Number

1.

Job Title	Dates of Employment		Company Name & Address	Type of Company
	From:	To:		

2.

Job Title	Dates of Employment		Company Name & Address	Type of Company
	From:	To:		

3.

Job Title	Dates of Employment		Company Name & Address	Type of Company
	From:	To:		

If you need more space for employment history, then please continue on A4 paper.

5. FAMILY/DEPENDANT(S)/OTHER DETAILS (living with applicant)

Name	Date of birth	Lives away	School/College or Employed	£ Contribution to household

6. SAVINGSDo you or your partner/spouse have any savings? **YES** **NO**

If yes, please supply details:

Current Account(s):	Deposit Account(s):	Building Society:	PEPS/Tessas/ISAs/Bonds:
£	£	£	£
£	£	£	£

7. DEBTS

Do you or your partner/spouse have any debts? **YES** **NO**

If yes, please supply details eg bank loan(s), credit card(s), hire purchase, utility arrears etc.

Name of Creditor	Purpose	Monthly Payments	Balance Owed
		Total Owed:	£

OTHER DEBT INFORMATION

What action or advice have you taken with regard to your debts?

Details:

8. APPLICANT/FAMILY/DEPENDANT HEALTH ISSUES (relating to this application)

Name	Illness or disability	Approximate start date

9. HM ARMED FORCES

Have you or your spouse/partner/dependant ever served in HM Armed Forces? YES NO

If YES, please supply details:

Applicant:

Service/Branch	Number	Rank	Dates

Spouse/Partner/Dependant:

Service/Branch	Number	Rank	Dates

10. OTHER ORGANISATION APPROACHED

Please give details of any other organisations approached, in the past or currently, the organisation, and outcome.

Name of association	For what purpose	£/Outcome	Date(s) received



Electrical Industries Charity

HOUSEHOLD FINANCIAL STATEMENT

NAME:		DATE:	
Per Week	Per Calendar Month	Per Week	Per Calendar Month
£	£	£	£
INCOME			
EMPLOYMENT			
Applicant (net)			
Spouse/ Partner (net)			
OTHER INCOME			
Employers Pension			
Employers Pension (Spouse/ Partner)			
Private Pension			
Other			
OTHER CHARITABLE FUNDS			
Name			
SERVICE PENSIONS			
Applicant			
Spouse/ Partner			
STATE PENSION			
State Pension			
State Pension (Spouse/ Partner)			
SICKNESS BENEFITS			
Statutory Sick Pay			
Incapacity Benefit			
Severe Disablement Allowance			
Disablement Benefit			
TOTAL		0.00	0.00
Surplus/ (Deficit)		0.00	0.00

* Please complete either the Per Week amount or the Per Calendar Month amount

11. GENERAL INFORMATION

In this section, please tell us the problem with which you need help, supplying us with as much information as possible. Consider the help you need and how you think we may be able to assist.

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NB: you will be asked to supply medical evidence from your GP/Hospital/Occupational/Therapist to support an application for items of mobility or disability aids and adaptations.

12. DECLARATION FOR ALL APPLICATIONS

- I declare that to the best of my knowledge, all questions on this form have been fully and truthfully answered.
 - I understand 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 to other agencies, including the Benefits Agency, and other charities in the course of this application and such details may be held on their files/databases in accordance with our Data Protection Policy.
 - I authorise the Electrical Industries Charity to approach other agencies, including the Benefits Agency and other charities, on my behalf.

Applicant:	Signature:	
	Date:	

Should you require any assistance in completing this form, please call the number on the accompanying letter or our Access Assistance Helpline on **0800 652 1618**.

Case Studies – Client Consent

From time to time, the Electrical Industries Charity use Case Studies to illustrate how we help people within the industry. These Case Studies are regularly featured on our website and in various literature such as our Annual Review, and this enables us to raise awareness and money for other people in need. It is an excellent way of showing just how broad and beneficial our help can be. If necessary, we can change names and identifying details to protect your privacy.

Name:

Address:

.....Post Code:

Contact Details:

Email:

Would you agree to have your story featured as a Case Study? Yes/No

If yes – what is your preference for the details to be used?

- Using your real name and details Yes/No
- Using your photograph Yes/No

Or

- Only use if your identifying details are changed Yes/No

Signed:

Date:

DATA PROTECTION ACT

The 1998 Data Protection Act defines your rights as an individual in relation to the information held about you and how it may be used.

The most important reason for holding the information that you have given us is to process your application for assistance. The Electrical Industries Charity needs to keep your data on a computer and in paper files for this purpose. In some circumstances the Charity may need to share this information with third parties, but only in connection with your application, for example another charity, where an offer may be jointly shared. The information may be updated by yourself, or by a third party working on your behalf, such as a Caseworker.

We may also use some of the information for accounting, audit, statistical or research purposes (eg to make sure we are offering the right sort of service), but only internally within the organisation. We will not disclose any of your information outside the Charity other than as mentioned above, unless we are legally obliged to do so, or unless you have given us your prior consent.

We undertake to keep your information strictly confidential and to do everything we can to prevent the information being used in any unauthorised or unlawful way.

With respect to the more sensitive data, e.g. health issues, which we may hold, we need your explicit consent to do so. Please sign this form to agree to us using your data as explained above. We need your signature in order to process your application.

We may send you leaflets about other charities, which we might judge to be useful to you. You have the right to ask us to cease this form of correspondence.

You also have the right to request a copy of the information we hold about you; we will provide all of this data except any that refers to another person. The Electrical Industries Charity reserves the right to make a charge for this service.

If you have any queries about the use we make of your data, please contact us on: **0203 696 1710**

This form must be signed and returned with the completed Application for Assistance form.

I agree to the above use of my data

Signed

.....

Date

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GUIDANCE NOTES FOR COMPLETING THE FORM

1. Personal Details (Page 1)

The 'applicant' may be a person who has served in our industry, or their spouse/partner/widow/widower/other family member.

2. About You and Your Family/Dependants (Page 2/3)

There are numerous occupational charities that can be approached for additional grants and it is important to provide details of the nature and type of employment of all relevant parties (applicant/spouse/partner/family/dependant).

Details are required of children/dependants, irrespective of their age, because of the financial impact they might have on the household if they are still living at home.

3. Savings (Page 3)

Savings can affect both entitlement to benefits and the way in which other charities view applications. All savings are taken into account when assessing need.

4. Debts (Page 4)

Details of all outstanding debts must be included. If you have already sought advice, this should be included in the 'other debt information' box.

5. Family/Dependant Health Issues (Page 4)

Refer to the details you have completed in Section 5 and highlight any illness or disability for any of those listed.

6. Disablement Benefits (Page 5)

These are just tick boxes to enable us to see at a glance if you and/or your dependants are receiving benefits or correct benefits.

7. HM Armed Forces (Page 5)

It is important that information regarding armed forces and related associations is included. This will provide helpful information if the need arises to approach other charities, specifically those dealing with the armed forces.

8. Other Organisations Approached (Page 5)

It is very important to complete this if you have or are receiving assistance from other charities or organisations, so that we do not approach them twice.

9. General Information (Page 6)

Supply as much information about needs as possible. For costly items such as house repairs and electrically powered vehicles, we may need to approach other charities who will expect us to have established all known information. For most disability equipment we will be requesting medical evidence to support your request.

10. Declaration (Page 6)

It is a requirement of the Data Protection Act 1998 that you understand why this declaration is necessary.

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

DATA PROTECTION ACT (Page 7)

Please read this carefully before signing. It defines your rights as an individual in relation to the information held about you and how it may be used.

In addition you are entitled, under the Data Protection Act 1998, to see the completed Application Form and related reports.

Electrical Industries Charity

- A Company limited by Guarantee • Registered Charity No. 1012131 • Registered in England No.2726030
- Registered Office: **Rotherwick House, 3 Thomas Moore Street, London E1W 1YZ**