

The Electrical Industries Charity—
Application for Assistance Form
— In Confidence

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1. Guidance notes for completing the form

1.1 Personal Details

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

1.2 About You and Your Family/Dependants

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.

1.3 Savings

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.

1.4 Debts

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

1.5 Family/Dependant Health Issues

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

1.6 HM Armed Forces

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.

1.7 Other Organisations Approached

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.

1.8 General Information

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.

1.9 Declaration

It is a requirement of the GDPR 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.

1.10 GDPR

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 GDPR, to see the completed Application Form and related reports.

1.11 Supporting Documents

It is essential that as many of the following supporting documents as are relevant, are supplied with your application:

- Letter(s) from the DWP regarding benefits/pensions/tax credits
- 3 months occupational or private pension payslips
- 3 months payslips
- Full bank statements for 3 months for all accounts
- If application is for mobility or disability equipment or adaptations then it is likely that an Occupational Therapist report will be required and this can be discussed on receipt of the application.

1.12 Assistance with this form

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**.

2. Application

2.1 NAME AND ADDRESS

Surname

First Name(S)

Title Mr Mrs Miss Ms Other

Address

.....

..... Post Code

2.2 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)

.....

..... Post Code

Phone number:

Relationship:



2.3 ACCOMMODATION

Are you an: Owner/Occupier Housing Association
 Tenant Council Owned

Is it a: Flat Mobile Home
 Bungalow House

How many bedrooms?:

If you own your property: Current market value £

If mortgaged, how much for? Mortgage £

How long at this property?

2.4 EMPLOYMENT HISTORY

2.4.1 Applicant

Applicant **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:		



4.

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

2.4.2 Spouse/partner)

(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.

2.5 FAMILY/DEPENDANT(S)/OTHER DETAILS

(living with applicant)

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

2.6 SAVINGS

Do 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:
£	£	£	£
£	£	£	£

2.7 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:

2.8 APPLICANT/FAMILY/DEPENDANT HEALTH ISSUES

(relating to this application)

Name	Illness or disability	Approximate start date

2.9 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

2.10 OTHER ORGANISATIONS 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:	
INCOME	Per Week £	Per Calendar Month £	Per Week £	Per Calendar Month £	Per Calendar Month £
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					
* Please complete either the Per Week amount or the Per Calendar Month amount					
			0.00		0.00
			0.00		0.00

2.11 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.

2.12 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 Privacy Notice on <http://electricalcharity.org/index.php/policies/>.
- I authorise the Electrical Industries Charity to approach other agencies, including the Benefits Agency and other charities, on my behalf.

Applicant:	Signature:	
	Date:	

2.12.1 Information Sharing Consent Form

I _____ of _____
hereby give my permission for the Electrical Industries Charity to share personal information with other service providers in connection with my care, including accessing and sharing my medical, and if applicable, mental health records. I agree to a referral being made to local supportive services, in order to support my needs. I understand that Electrical Industries Charity may hold information gathered about me from the various services providers and as such my rights under the will not be affected.

Statement of Consent:

- I understand that personal information is held about me.
- I have had the opportunity to discuss the implications of sharing or not sharing information about me.
- **I agree that personal information about me may be shared and gathered from the following service providers:**
 - Law express
 - Disability support services
 - Mental Health Services
 - Education Support Services
 - Social Care
 - Voluntary Sector Organisations
 - Housing Providers

Are there any agencies you do not want us to share or gather additional information with? Please list them here:

I agree to my information being shared and gathered between services

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent please contact: [Data Protection Officer at dataprotection@electricalcharity.org](mailto:dataprotection@electricalcharity.org).

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

.....



2.12.2 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:



3. General Data Protection Regulation (GDPR) (EU) 2016/679

GDPR 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 or when the charity is organising third party services for counselling, mental health support and general wellbeing. 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.

For further information please see the Electrical Industries Charity Privacy Notice at <http://electricalcharity.org/index.php/policies/>

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