



Charity Employees Benevolent Fund  
c/o The Finsbury Business Centre  
Unit 302, 40 Bowling Green Lane  
Clerkenwell, London, EC1R 0NE  
Phone: 020 7415 7004  
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## **APPLICATION FORM**

The object of CEBF is to provide help to those in need who are or have been paid employees of the charity sector. Help may also be extended to partners or dependants of the employee.

### **PERSONAL DETAILS**

Mr/Mrs/Miss/Ms\*                      married/single/widowed/divorced\* (delete as applicable)

Surname of Beneficiary \_\_\_\_\_

Forenames \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ National Insurance No. \_\_\_\_\_

Name of Partner \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_ National Insurance No. \_\_\_\_\_

### **PLEASE GIVE THE FOLLOWING DETAILS OF YOUR CHARITY EMPLOYMENT:**

Charity Employer(s): \_\_\_\_\_

Location of employment: \_\_\_\_\_

My job was: \_\_\_\_\_ Total number of years worked: \_\_\_\_\_

Approximate dates: \_\_\_\_\_

Please enclose evidence of your charity employment. This can be a letter from your employer or other employment document such as a copy of a payslip.

How did you hear about us? \_\_\_\_\_

To ensure that we do not affect any State Benefits you may already receive, or wish to apply for in the future, we need to ask the following questions. Please answer as fully as possible.

### WEEKLY INCOME AMOUNTS

	SELF	PARTNER
Retirement Pension	£	£
Pension Credit: Guarantee Credit	£	£
Pension Credit: Savings Credit	£	£
Occupational/Personal Pension	£	£
Employment Support Allowance/IB/SDA	£	£
Income Support	£	£
Carers Allowance	£	£
Earnings from current employment (after tax etc)	£	£
Tax Credits	£	£
Child Benefit	£	£
Any other income	£	£
<b>TOTAL</b>	£	£
<b>JOINT TOTAL</b>	£	
Attendance Allowance		
Disability Living Allowance	Care :	
	Mobility :	

### SAVINGS

Please state whether you have the following kinds of savings and if so give the amounts for yourself and your partner.

	SELF		PARTNER	
	Yes/No	Amount	Yes/No	Amount
Bank Account		£		£
Building Society		£		£
Post Office Account		£		£
Premium Bonds		£		£
Savings Certificates		£		£
Stocks & Shares		£		£
Investments e.g. ISAs		£		£
Other Savings		£		£
<b>SUBTOTAL</b>	£		£	
<b>TOTAL JOINT SAVINGS</b>	£			

### INSURANCE Do you have:

<b>buildings insurance</b>	Yes/No	<b>contents insurance</b>	Yes/No	<b>life insurance</b>	Yes/No
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**HOUSING**

**Do you rent your home? Yes/No**      **Do you rent from the Council? Yes/No**

How much do you pay weekly towards your rent?	£
Do you receive Housing Benefit?	

**Do you own your home? Yes/No**

Freehold/leasehold (delete as applicable)	
If you own your home, what is its estimated value today?	£
Annual ground rent payable (if applicable)	£
Do you have a mortgage?	Yes/No
How much is your monthly mortgage payment?	£
How much (if any) Income Support do you receive towards this?	£

**Do you live in sheltered housing? Yes/No**

**Do you live in a residential/nursing home? Yes/No**

**COUNCIL TAX**

How much do you pay weekly towards Council Tax?	£
Do you receive Council Tax Benefit?	

**Do you have any other people living with you? Yes/No**

Name	Relationship	Employed? Yes/No	Weekly contribution to housekeeping
			£
			£
			£

**Have you any debts? Yes/No**

If yes please give details.

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**Have you or your partner any disability or ongoing health problems? Yes/No**

If yes please give details.

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**Have you or any member of your family any care costs because of a disability?**

(e.g. Lifeline, homecare, cleaning, day care, transport, etc.)

**Yes/No**

**If yes please give details.**

**Are you receiving or have you received help from any other charities?** **Yes/No**

If yes please give details.

### **OTHER EMPLOYMENT**

Please give as much employment history as possible in case we have to approach other trade funds/charities on your behalf.

#### **SELF**

<b>Job title</b>	<b>Company</b>	<b>Dates from/to</b>	<b>No. of years</b>

#### **PARTNER**

<b>Job title</b>	<b>Company</b>	<b>Dates from/to</b>	<b>No. of years</b>

**Were you or your partner in the Forces?** **Yes/No**

If yes please give details (together with approximate dates).

### What would you like CEBF to help you with?

\_\_\_\_\_

### Emergency Contact Details

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Relationship to you \_\_\_\_\_

### STATEMENT

I certify that all the statements I have made in this form are true. I have declared any applications made to other charities. I undertake to inform you of any changes in my circumstances. I realise that I shall be liable to prosecution if I have wilfully stated anything that I know to be false, or do not believe to be true.

I understand that this information may be shared with other charities who have assisted me or charities that may be able to assist me.

 I understand that the above information will be held on a computer database and I consent to the collection, processing and dissemination of this information by CEBF in line with the regulations laid down by the Data Protection Act 1998.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please enclose evidence of your charity employment. This can be a letter from your employer or other employment document such as a copy of a payslip. Please note we cannot process your application without this evidence.**

### THIS SECTION IS FOR OFFICE USE ONLY

### OTHER ORGANISATIONS THAT MIGHT BE ABLE TO HELP

Assessor:.....

Date: .....

## Equal Opportunities Monitoring Form

**CONFIDENTIAL**

Please note this information will be detached from the application and filed separately and anonymously.

**This information has no bearing on any decision taken, but is important as a means of ensuring the operation of equal opportunities policies.**

**Gender:** Female/Male (**delete as appropriate**)

**Age:**..... years

**Ethnicity:** (based on UK census questions)

Please tick one of the boxes to indicate your ethnic origin.

- White - British
- White - Irish
- White - Scottish
- White - Welsh
- Other White background
- Black or Black British - Caribbean
- Black or Black British - African
- Other Black background
- Asian or Asian British-Indian
- Asian or Asian British-Pakistani
- Asian or Asian British - Bangladeshi
- Other Asian background
- Chinese
- Mixed - White and Black
- Mixed - White and Asian
- Other Mixed background
- Other Ethnic Background, please specify: .....

**Nationality (please specify):**

**Disability** - Do you consider yourself to have any kind of disability? Yes / No (**please circle**)

(The *Disability Discrimination Act (1995)* defines a disability as *any physical or mental impairment, which has a substantial and long-term (more than 12 months) adverse effect on a person's ability to carry out normal day to day activities*).

**If yes, please tick which category you think best describes your disability**

- Blind or partially sighted
- Deaf or hearing impairment
- Wheelchair User/ other mobility difficulties
- Personal care support
- Mental health disability
- An unseen disability, e.g. diabetes, epilepsy, asthma
- Multiple disabilities
- Other disability, please specify: .....