APPLICATION FORM

Veterinary Nursing Benevolent Fund

"Supporting members and their families in times of hardship or need"

Daphne Shipman Benevolent Fund

We understand that it may not be easy for you to make this claim and want to do all we can to assist you in your time of need. Please complete the form in full as this will enable us to make an informed decision and provide financial assistance if your claim is successful as quickly as possible.

The Daphne Shipman Benevolent Fund (DSBF) has been set up to assist BVNA members who are in severe financial hardship. The fund is available on the basis of donations agreed by the DSBF to members with at least one years' membership. Collective claims will not be considered and please note the claim is not available to replace loss of wages.

Name

Address

Postcode

Tel Date of birth

E-mail address

Marital status Present occupation

BVNA Membership number

Please give details of how much you require and give a brief description of what the funds would be used towards
Have you made a previous application for assistance from this Benevolent Fund? If so, give full particulars

Present state of health of the applicant
Present state of health of spouse/partner and dependants

Estimated Expenditure for the next 12 months **Regular payments** **Household bills etc.**	**Applicants current details** £	**Spouse/partner's current details** £
Mortgage repayments		
Rent		
Property insurance		
Property service charge		
Council tax or local taxes		
Rates or local taxes rebate (if any)		
Water rates (if separate)		
Gas, electricity heating and lighting		
Television licence		
Rented household appliances		
Telephone		
Household food bill		
General Regular medical supplies		
Clothing		
Pet expenses (including food, insurance)		
Life assurance/insurance (other)/pension (give details)		
Car payments (including tax, insurance, fuel)		
Hire purchase (give details)		
Loan repayments (give details)		
Credit/store card payments		
Travel expenses, e.g. to and from work using public transport, regular visits to hospital, etc. (give details)		
Any other regular expenses (give details)		
One-off payments Holidays		
Household or car repairs		
General large purchases (TV, computer, etc)		
Any other one-off expenses (give details)		
Total		

Estimated income of whole household for the next 12 months	**Applicants current details** £	**Spouse/partner's current details** £
Employed person's earnings (net income)		
Self-employed person's earnings (net income)		
State pension		
Occupational pension		
Supplementary pension		
Income from property rental (after expenses)		
Income from lodgers/boarders		
Regular payments from relatives		
Dividends/interest from investments or savings		
Unemployment benefit		
Sickness benefit		
Child benefit		
Housing benefit		
Attendance allowance		
Mobility allowance		
Other state benefits (please provide details)		
Other charitable grants (please provide details)		
Any other source of income (please provide details)		
One-off income or grants, gifts etc. (provide details)		
Total		

Assets/liabilities	**Applicants current details** £	**Spouse/partner's current details** £
Value of any property		
Value of stocks and shares owned		
Balance in all bank, savings, building society accounts etc.		
Other assets (give details)		
Amount of mortgage and term outstanding		
Amount of outstanding loans		
Amount of outstanding credit cards		
Amount of outstanding hire purchase		
Other liabilities and/or debts (give details)		
Total		

Please give details of children/dependant relatives (if any) put a cross in box (a) if they are living with you; (b) if they are married; (c) if they visit you on a regular basis; please state in column (d) how much they contribute (if anything) to the expenses of the house.

Name	Age	Relationship	Occupation	(a)	(b)	(c)	(d) £

Please use another sheet if required.

Give full particulars of circumstances necessitating this application and, if owing to illness, state any additional expenditure incurred.

Have you applied for, or received assistance from any other charity, society or individual? If so, state particulars.

If applicable, have you sought advice from a debt counsellor? Please provide details.

_____

_____

_____

If applicable, have you taken advice from the Department for Work and Pensions (DWP) and claimed all state benefits that you are entitled to? Please provide details.

_____

_____

_____

Give the name, full address and telephone number of your next of kin

_____

_____

_____

A reference is required to support your application. Please provide details of a person fully acquainted with your present circumstances, they may be your employer, a manager, your GP. This person may be contacted, prior to the board meeting, for a character reference.

Name _____

Address _____

Occupation Relationship to applicant

Please provide any other information you consider helpful in supporting your application.

Please note that you may be requested to provide copies of bank statements, bills and other documentary evidence to support of your application.

Declaration

I declare that the foregoing statements made by me are correct to the best of my knowledge and I undertake to inform the Daphne Shipman Benevolent Fund immediately of any changes in my circumstances.

I authorise The Benevolent Fund and anyone properly instructed on its behalf to make any enquiries deemed necessary by it in support of my application.

I consent to the disclosure of any information provided by me to other charities and/or parties who may be contacted in the course of such enquiries.

I understand that this process may include enquiries of, and disclosure of, information to any relevant medical expert or doctor, my general practitioner, any referee indicated on this form and any individual or body that can verify the financial information provided by me in this form and I give my consent to this.

I understand that this information will be retained and processed for the purposes of this and any future applications made to The Benevolent Fund and I give my consent to this.

Signature of applicant Date

Did the applicant complete the form Yes ☐ No ☐

If the answer is No, please insert name, address and telephone number and relationship to the applicant, below

---

Please complete the form and return to;
The Daphne Shipman Benevolent Fund
BVNA, 82 Greenway Business Centre, Harlow, Essex CM19 5QE
Tel: 01279 408644 Email: bvna@bvna.co.uk

Registered with the Charity Commission 1088291