



Application for financial assistance

Important Notes for Applicants - please read:

- The Society of Radiographers Benevolent Fund is able to assist members, former members and their families who are experiencing unforeseen hardship or financial difficulties.
- We are unable to assist if you have capital or savings (excluding your residence) higher than the Department for Work and Pensions limit (currently £16,000).
- The Benevolent Fund cannot support or replace diminished income on a long term basis. In line with UK charity law we are unable to repay debt.
- All applications are dealt with in complete confidence and any details given are not revealed to anyone except the Benevolent Fund Trustees and staff responsible for administration.

The Society of Radiographers Benevolent Fund regretfully are unable to assist with the following:

- Personal or business debts
- Legal costs
- Medical/ Dental Treatment
- Private school fees
- Home purchase
- Repayment of loans
- Private healthcare

COMPLETING THE FORM:

- Complete each section of the form in full.
- You must provide **PROOF OF ALL HOUSEHOLD INCOME**. Copies of 3 recent consecutive wage slips (either monthly or weekly), copies of Post Office/Bank statements showing your name, address and the amounts you receive or a letter from H.M. Revenue & Customs or the DWP including the page "How your benefit was worked out".
- If you are applying for assistance due to ill-health please provide relevant evidence of the medical problem or health issues. We can accept medical reports, copies of medical certificates confirming inability to attend work and clinic appointment letters.
- Photocopies are acceptable.
- Please ensure that the information you provide is correct as incorrect information may lead to a delay in processing your application.

Please detach and keep this page for your reference

OFFICE USE ONLY
REF NO.
DATE

Section 1: Personal and family details



Applicants details

Title

Family Name

First Name

Date of Birth

Home Address

Mobile phone

Home phone number

Email address

SoR Membership Number

Household Occupants - relationship to you and dates of birth

Are you a home owner?

Yes

No

Or do you pay rent to:

Housing Association

Private Landlord

Local Authority

Other

Employment/Education details:

Are you: Employed full time Employed part time Unemployed Retired Student

Details of current or most recent employer

Date qualified

Employment start date

Employment end date (if applicable)

If applicable, details of current Educational Institution

Course start date

Anticipated course finish date

Section 2: Financial Situation

PLEASE COMPLETE THE FINANCIAL STATEMENT BELOW USING MONTHLY AMOUNTS. REMEMBER TO ENCLOSE PROOF OF ALL INCOME.

Monthly Income	£
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Wages / Salary

Your Take Home Pay	
Partner's Take Home Pay	
Regular Overtime / Bonus / Commission	

Benefits

Housing Benefit	
Council Tax Benefit	
Support for Mortgage Interest	
Jobseekers' Allowance	
Employment Support Allowance	
Income Support	
Universal Credit	
Child Benefit	
Child Tax Credit	
Working Tax Credit	
Maternity Pay / Allowance	
Bereavement Benefits	
Statutory Sick Pay	
Incapacity Benefit	
Carer's Allowance	
Disability Living Allowance (care)	
Disability Living Allowance (mobility)	
Industrial Disablement Benefits	
Severe Disablement Benefits	
Attendance Allowance	
Personal Independence Payment (daily living)	
Personal Independence Payment (mobility)	

Pensions

Retirement Pension	
Pension Credit	
Occupational Pension	
Private Pension	
Annuity	
Partner's Pension	
War Pension	

Other Income

Maintenance	
Student Grant / Loan	
Income from Lodgers / Property	
Sons / Daughters Contribution	
Educational Maintenance Allowance	
Other Income (please specify) -	

Total Monthly Income

What (if any) savings do you have

Monthly Expenditure	£
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Housing Costs

Rent / Mortgage	
Secured Loan / 2nd Mortgage	
Council Tax	
Ground Rent / Service Charge	
House Contents / Buildings Insurance	

Utilities

Water / Sewerage	
Gas	
Electricity	
Coal and Other Fuels	

Housekeeping

Food and General Housekeeping	
Clothing	
Subscriptions, Papers, Magazines	
Cigarettes, Sweets, Alcohol	
Washing Machine Rental / Laundrette	

Children

Childcare	
School Meals / Trips	
Nappies / Baby Items	
Children's Pocket Money	

Other Important Items

Court Fines / Orders	
Maintenance	
Life Assurance	
TV Licence	
Prescriptions	
Care Costs / Special Needs	

Travel

Fares (e.g. to work / school)	
Car Running Costs	
Car Loan	
Motability Car	

Other Expenditure

TV / Internet / Telephone	
Appliance Rental	
Entertainment	
Credit / Store Cards	
Loans	
Pets	

Total Monthly Expenditure

Section 3: Outstanding Debts

Please give details of all your debts by ticking all that apply and writing in the amount you owe. Include what you are paying weekly toward the debts and what deductions (if applicable) are taken from any benefits you receive.

		Amounts Owed	Agreed Weekly Payments*	Payments Made Direct from Benefits
Rent	<input checked="" type="checkbox"/>	£	£	£
Mortgage	<input checked="" type="checkbox"/>	£	£	£
Second Mortgage / Secured Loan	<input checked="" type="checkbox"/>	£	£	£
Council Tax	<input checked="" type="checkbox"/>	£	£	£
Gas	<input checked="" type="checkbox"/>	£	£	£
Electricity	<input checked="" type="checkbox"/>	£	£	£
Income Tax / National Insurance	<input checked="" type="checkbox"/>	£	£	£
Tax Credit Overpayment	<input checked="" type="checkbox"/>	£	£	£
Magistrates' Court Fines	<input checked="" type="checkbox"/>	£	£	£
Total Amount Owed		£	£	£

Outstanding credit and other bills e.g. HP, loans, credit and store cards or catalogues

Please give details	Amounts Owed	Agreed Weekly Payments*
	£	£
	£	£
	£	£
Total Amount Owed	£	£

Assets or Equity

Please list any assets such as property, vehicle(s) and their value

Section 4: Your Statement

Tell us about your current circumstances and the reason why you are applying for financial assistance. (Please provide any supporting documentation e.g. medical certificates)

(Please continue on a separate sheet if required)

Have you applied for state benefits or sought professional money advice? Please give details.

Section 5: Assistance Required

Please tell us the amount and purpose of the financial assistance requested. Please give details and enclose quotes if necessary.

Please tell us about any other organisations you have approached for assistance. Please give details of the request, date of application and outcome.

(Please continue on a separate sheet if required)

Section 6: Your Agreement

PLEASE MAKE SURE THAT YOU HAVE ENCLOSED:

Proof of all household income (i.e. yourself, partner and any other adults) consisting of:

- Copies of 3 recent consecutive wage slips (either monthly or weekly)
- Copies of Post Office/Bank Statements showing your name, address and the amounts you receive
- Letter from H.M. Revenue & Customs or the Benefits agency including the page "How your benefit was worked out".
- Any relevant medical information i.e. reports from health professionals and latest medical certificate
- Please enclose copies of your quote/invoice/bill for consideration if you are applying for assistance to meet a specific cost

DATA PROTECTION AND DECLARATION

Please sign the declaration to confirm that you have read and understood the following statement.

The personal data provided in support of my application may be held and processed by the SoR Benevolent Fund, and their administration partners Auriga Services Ltd, as electronic or paper-based data and will only be used in connection with my application for assistance. The information will be held on a computer database together with financial records regarding payments. All information will be held confidentially and will not be disclosed to any other person or organisations other than where agreed or where exceptional circumstances require it to be done so by law. Anonymous information that does not identify an applicant and relating to assistance given by the Benevolent Fund may be used in our Annual Report and review or in similar documents. You have the right to withdraw your application at any time. For further information about who we are, what information we collect from you, on what legal and practical grounds we use and store it and your rights please see the Society and College Privacy Statement at <https://www.sor.org/privacy-statement>

I confirm that I have read and understood the above statement and consent to the SoR holding and using the data provided for the purpose of considering my application.

I declare that the information given is a true and accurate statement of my current circumstances.

I have enclosed all documents requested and understand that without these my application cannot be assessed.

I understand that SoR Benevolent Fund is unable to assist with any items, bills or services already paid for before the application was made.

Signature _____

Date _____

PLEASE RETURN THIS FORM ELECTRONICALLY

Please save the document and send it as an attachment to LizR@sor.org

If you would like to complete the form on paper, please print it out and then scan and email the completed form to the email address above.

For more information or to discuss your application with someone, please call **0800 0778371**

Our lines are open Monday to Friday, 9am to 5pm.