

Application for financial assistance

Guidance notes



Important notes for applicants

- The Society of Radiographers Benevolent Fund is able to assist members, former members and their families who are experiencing unforeseen financial hardship or difficulties.
- We are unable to assist if you have capital (excluding your residence) or savings 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 confidence and any details given will only be available to Benevolent Fund Trustees and staff responsible for administration.

Regretfully, the Society of Radiographers Benevolent Fund is unable to assist with:

- Personal or business debts
- Legal costs
- Medical/dental treatment
- Private school fees
- Purchasing of property
- 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 three recent, consecutive (monthly or weekly) payslips
 - AND
 - » copies of bank/building society statements showing your name, address and all incoming transactions
 - AND
 - » a letter from HM Revenue & Customs or the Department for Work and Pensions including the page explaining “How your benefit was worked out”.
- If you are applying for assistance due to ill health please provide relevant medical evidence, e.g. 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; incorrect information may lead to a delay in processing your application.

Section 1: Personal and family details

- Household occupants — please provide full details for all household members, including their date(s) of birth and relationship to you.
- If you are unemployed, please provide your P45.

Section 2: Financial situation

Please complete the financial statement using monthly amounts. Remember to enclose proof of all income.

- Fully complete the table in section 2, including financial information for your partner/ spouse (if they live with you).
- Remember to attach payslips, bank and building society statements for the two months prior to application and for the month of application. Three months in total should be attached.
- Attach any relevant letters or emails regarding any benefits received for you, your partner or your child/children.

Section 3: Outstanding debts

Please give details of all your debts by ticking all that apply and entering 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.

- Attach copies of your Council Tax statement, tenancy agreement, mortgage agreement, utility bills, etc. where payments under these headings are listed in the form.
- If you have any assets, such as property or vehicle(s) please list these.

Section 4: Your statement

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

- Provide any documentation from your current or former place of work, or regulatory body (if applicable), where relevant to the current circumstances that are stated.
- When listing state benefits applied for or awarded, please attach the relevant letter or email for reference. Letters or emails regarding benefits should show how the benefit was calculated.
- If you have approached a utility provider for support to pay your bill, received a grant as a result of that application or sought debt advice, please attach a copy of the relevant letter/report or email.

Section 5: Assistance required

- When filling in the section on the amount and purpose of the financial assistance requested, please complete as fully as possible.
- When requesting support to purchase an item, please provide at least three quotes relevant to the item in question.
- When requesting assistance with bills and utilities it is helpful if you can provide the dates for the next expected payments.
- Please bear in mind that a grant cannot be requested to pay for arrears or any item that has already been paid for.

Section 6 (A and B): Additional notes

Use this space to provide further details or explanations. If you require more space, feel free to continue on this page.

Continued on the next page



Section 7 (A and B): Your agreement

PLEASE MAKE SURE THAT YOU HAVE ENCLOSED:

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

- Copies of three most recent, consecutive (monthly or weekly) payslips.
- Copies of all bank or building society statements showing your name, address and all incoming transactions.
- Letter from HM Revenue & Customs or the Department for Work and Pensions, including the page “How your benefit was worked out”.
- Any relevant medical information, i.e. reports from health professionals and latest medical certificate.
- Copies of your quote/invoice/bill for consideration if you are applying for assistance to meet a specific cost.
- If you have adult children (18 or older) that contribute to household finances, please include copies of their bank statements and payslips covering the last three months.



Application for financial assistance

The form

➤ **PLEASE RETURN THIS FORM ELECTRONICALLY**

Please save the document and send it as an attachment to
help@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.



OFFICE USE ONLY
REF NO.
DATE

Section 1: Personal and family details



Applicant details

Fields marked (*) must be completed

Title*

Family name*

First name*

Date of birth*

Home address*

Mobile phone number*

Home phone number*

Email address*

SoR membership number*

Household occupants — relationship to you and date(s) of birth*

Are you a home owner?*

Yes

No

Do you pay rent? If yes, to:*

Housing Association

Local Authority

Private Landlord

Other

N/A

(I do not pay rent)

Continued on the next page



Section 1: continued



Employment/Education details*

Employed full time Employed part time Locum Unemployed
Retired Student

Where information is not applicable, for example you are a student and do not have details of recent employment, please enter N/A.

Details of current or most recent employer*

Employment start date*

Employment end date (if applicable)*

If applicable, details of current Educational Institution*

Course start date*

Date qualified*

Section 2: Financial situation



Applicant details

Monthly income	£	Monthly expenditure	£
Wages/Salary*		Housing costs*	
Your take home pay		Rent/mortgage	
Partner/spouse's take home pay		Secured loan/second mortgage	
Regular overtime/bonus/commission		Council Tax	
Benefits*		Ground rent/service charge	
Housing Benefit		House contents/buildings insurance	
Council Tax Reduction		Utilities*	
Support for mortgage interest		Water/sewerage	
Jobseeker's Allowance		Gas	
Employment and Support Allowance		Electricity	
Income Support		Coal and other fuels	
Universal Credit		Housekeeping*	
Child Benefit		Food and general housekeeping	
Child Tax Credit		Clothing	
Working Tax Credit		Subscriptions, papers, magazines	
Maternity pay/allowance		Cigarettes, sweets, alcohol	
Bereavement benefits		Washing machine rental/laundrette	
Statutory Sick Pay		Children*	
Incapacity Benefit		Childcare	
Carer's Allowance		School meals/school trips	
Disability Living Allowance (care)		Nappies/baby items	
Disability Living Allowance (mobility)		Children's pocket money	
Industrial Injuries Disablement Benefits			
Severe Disablement Allowance			
Attendance Allowance			
Personal Independence Payment (daily living)			
Personal Independence Payment (mobility)			

Continued on the next page



Monthly income	£	Monthly expenditure	£
Pensions*		Other important items*	
Retirement pension		Court fines/orders	
Pension credit		Maintenance	
Occupational pension		Life assurance	
Private pension		TV licence	
Annuity		Prescriptions	
Partner's pension		Care/special needs costs	
War pension		Travel*	
Other Income*		Fares (e.g. to work/school)	
Maintenance		Car running costs	
Student grant/loan		Car loan	
Income from lodgers/property		Motability car	
Children's contribution		Other expenditure*	
Educational maintenance allowance		TV/internet/telephone	
Other income (please specify)		Appliance rental	
		Entertainment	
		Credit/store cards	
		Loans	
		Pets	
Total monthly income*		Total monthly expenditure*	
What (if any) savings do you have*			



Section 3: Outstanding debts



	Amounts owed	Agreed weekly payments*	Payments made direct from benefits
Rent*	£	£	£
Mortgage*	£	£	£
Second mortgage/ secured loan*	£	£	£
Council Tax*	£	£	£
Gas*	£	£	£
Electricity*	£	£	£
Income Tax/National Insurance*	£	£	£
Benefit overpayment*	£	£	£
Magistrates' court fines*	£	£	£
Total amount owed	£	£	£

Outstanding credit and other bills, e.g. Hire Purchases, 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 or vehicle(s) and their value*

Section 4



Section 4: Your statement



Tell us about your current circumstances and the reason why you are applying for financial assistance. (Please provide any documents that support your application, e.g. medical certificates or letters, employer letters, council letters, tenancy agreements.)*

(Please continue on a separate sheet if required)

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

Section 5



Section 5: Assistance required



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

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

Section 6 

Section 6A: Additional notes



Use this space if you need additional room to provide further details or explanations.

Section 6B: Additional notes



Section 7A: Data protection statement



In this notice, “We”, “Us” and “Our” mean the Society of Radiographers Limited and the Benevolent Fund. Our registered office is 207 Providence Square, Mill Street, London, SE1 2EW. We will use the data supplied by you for the purposes of processing your Benevolent Fund application.

Our lawful basis for processing your personal information is legitimate interest. For any special category personal data from your application (e.g. medical information, ethnicity, age, etc.) used for statistical analysis, we also rely on the substantial public interest condition under Schedule 1, Paragraph 8 of the Data Protection Act 2018 to ensure equal opportunity monitoring.

Data collected from you are stored on Our servers and made available to Us as account holders; all information is kept confidential and secure. Any personal data which are submitted to Us will have appropriate safeguards applied to ensure compliance with the Data Protection Act 2018 as summarised in our privacy policy (<https://www.sor.org/policies/privacy-policy>).

To process your application:

- We enlist third parties with whom we have data processing agreements to ensure your personal data are secure. These may include financial assessors, social support services and other relevant service providers.
- We may also request that these third parties contact you directly to discuss your application. Your consent for this contact will be obtained below.
- We will use certain personal data from your application for statistical purposes to help us improve the Benevolent Fund’s services and ensure fair access. Before using your data in this way, we will remove personal identifiers, such as your name and address.
- We will not share your application information with any organisation not directly involved in the case without your prior consent unless we are required to do so by law.
- We will retain your application for five years from the point at which a decision has been made about your application.

You have the right to object to the use of your data for statistical purposes, or to withdraw any specific consents you provide (e.g. for third-party contact) at any time without affecting the lawfulness of processing carried out before withdrawal. If you wish to exercise these rights, please contact Help@SoR.org at The Society of Radiographers, 207 Providence Square, Mill Street, London, SE1 2EW. Alternatively, you may wish to liaise with the Information Commissioner’s Office (<https://ico.org.uk/global/contact-us/>).

For further information on how your information is used, how we maintain the security of your information and your rights to access the information we hold on you, please see our privacy policy or contact Help@SoR.org.

Continue to the next page to complete and sign the form before submitting



Section 7B: Data protection statement



I confirm that I have read and understood the Society of Radiographers Benevolent Fund statement on Data Protection in accordance with the Data Protection Act and agree to the SoR holding and using the data on this application and any accompanying documents for the purposes of considering my application.*

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

I declare that the information given is accurate and a true indication of the current financial position of myself and my partner (if applicable).*

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

I understand that where my problems are debt related I may be required to seek debt advice before assistance is considered.*

Signature*

Date*

Print name*