**** *Supported by:*

**SCOTTISH NAUTICAL WELFARE SOCIETY**

**937 Dumbarton Road, Glasgow G14 9UF**

**Tel: 0141 337 2632**

**Email****: ghaldane@snws.org.uk**

**GRANT APPLICATION FORM**

 *If you have difficulty completing the form please contact the Society.*

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| **1. Applicant details** |
| Surname |  | Forenames |  |
| Address |  | NI Number |  |
|  | Date of birth |  |
|  | Place of birth |  |
|  | Telephone |  |
| Postcode |  | Single/married/ divorced/widowed/ partner |  |
| Length of time at this address: |
| Accommodation type (house flat etc): | Date of marriage/partnership(if applicable) |  |
| Owner occupier/rented/leased: |
| Name of landlord (where applicable): | Date of divorce(if applicable) |  |
| Previousaddress if changed in last 3 years |  | Date spouse/partner died(if applicable) |
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|  | Relationship toperson in section 4 |  |
| Postcode |  |

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| **2. Particulars of spouse/partner** |
| Surname |  | Forenames |  |
| Address(if different fromapplicant) |  | NI Number |  |
|  | Date of birth |  |
|  | Place of birth |  |
|  | Reason for separate address: |
| Postcode |  |

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| **3. Particulars of sons and daughters (including adults) and dependants** |
| Name | Age | Living at homeor away | Relationshipto applicant | Current employment/education/ training etc status |
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| **4a. Particulars of person on whom eligibility is based** |
| Surname when serving |  | Date of birth |  |
| Forenames |  | Relationship to applicant |  |
| Date of death(if applicable) |  | Cause of death(if applicable) |  |
| Employment history in MerchantNavy or Fishing Fleet | Date joined | Date left | Reason for leaving: Resignation, illness, injury, redundancy, other |
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| Discharge Book No: | Rank/rating at end of service: |
| Service details verified YES/NO | Means of verification: |
| Details of service in hostile waters, where applicable (i.e in time of war/conflict): |
| Details of service with RNLI, where applicable: |
| **4b. Details of other employment (including armed services)** |
| Name of employer | Nature of employment | Dates | Type of business or trade union/trade association |
| From | To |
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| **5. Details of employment of spouse/partner (including armed services)** |
| Name of employer | Nature of employment | Dates | Type of business or trade union/trade association |
| From | To |
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**6. State of health**

Are you or any members of your household chronically ill

or suffering from a permanent disability YES / NO

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| **7. Monthly income and expenditure of household** |
| **Monthly income** | **£** | **Monthly expenditure** | **£** | **Arrears****Payments****£** |
| **Earnings** |  |  | **Mortgage** |  |  |  |
| Wages/salary (applicant) |  |  | **Second Mortgage** |  |  |  |
| Wages/salary (spouse/partner) |  |  | **Rent** (net of Housing Benefitsee Section 9) |  |  |  |
| Tax Credit |  |  | **Council Tax** (net of CouncilTax Benefit see Section 9) |  |  |  |
| Maintenance/CSA receipts |  |  | **Gas** |  |  |  |
|  |  |  | **Electricity** |  |  |  |
| **Pensions (applicant)** |  |  | **Water rates/sewage charges** |  |  |  |
| Occupational pension(s) |  |  | **Magistrates Court fines** |  |  |  |
| State Retirement Pension |  |  | **Maintenance/ CSA payments** |  |  |  |
| Pension Credit |  |  | Telephone |  |  |  |
| War Disablement Pension |  |  | TV/Video/Satellite/Cable |  |  |  |
| State Widow’s Pensions/Bereavement Allowance |  |  | Ground rent/service charge |  |  |  |
| War Widow’s Pensions/AFFPPension |  |  | Buildings/contents insurance |  |  |  |
|  |  |  | Other housing costs |  |  |  |
| **Pensions (spouse/partner)** |  |  | Mortgage endowment policy |  |  |  |
| Occupational pension(s) |  |  | Life Insurance |  |  |  |
| State Retirement Pension |  |  | Other insurance(s) |  |  |  |
| Pension Credit |  |  | Other fuel (incl oil, coal, bottled gas) |  |  |  |
| War Disablement Pension |  |  | Pension contributions |  |  |  |
| State Widow’s Pensions/ Bereavement Allowance |  |  | Carer/childcare costs |  |  |  |
| War Widow’s Pensions/AFFP Pension |  |  | Housekeeping (incl food, laundry, cleaning materials,pocket money etc) |  |  |  |
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| **State Benefits** |  |  | Car costs (incl insurance, MOT, tax, running costs etc) |  |  |  |
| JSA/ESA/IS (applicant) |  |  |
| JSA/ESA/IS (spouse/partner) |  |  | Travel costs (incl taxis andbuses) |  |  |  |
| Disability related benefits –specify |  |  | School meals/meals at work |  |  |  |
| Clothing |  |  |  |
|  |  |  | Prescriptions/health costs |  |  |  |
|  |  |  | Liabilities/debts(from Section 10) |  |  |  |
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| Family/child related benefits –specify |  |  | Other expenditure - specify |  |  |  |
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| Other benefits – specify |  |  |  |  |  |  |
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| All other income (eg sub-letting, contributions from other household members, grants fromother charities) – specify |  |  |  |  |  |  |
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| **TOTAL INCOME** |  |  | **TOTAL EXPENDITURE** |  |  |  |

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| **8. Savings and capital** | **£** |
| Applicant’s and spouse/partner’s total savings (incl capital, investments, building society, bank) |  |
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| **9. State benefits** |  |
| Housing Benefit received | YES/NO |
| Council Tax Benefit received | YES/NO |
| Are enquiries about other benefits being made? YES/NO If YES, which benefits? |

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| **10. Liabilities/debts**(incl secured loans, unsecured loans, HP, trading agreements, loans from family members) |
| Creditor | Date of loan | Amount of loan£ | Weekly instalments£ | Total arrears of instalments£ | Amount outstanding£ |
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| **11. Previous assistance** (from all charitable sources) |
| Date | Amount | Fund | Nature of assistance |
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| **12. Assistance required** |
| Please summarise the assistance required. Further information may be provided at Section 15, and copies of relevant invoices, estimates or quotes should be enclosed. |
| Type of assistance | Estimated cost£ | Contribution from client and family members |
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| **13. Other funds approached**(Local, national, occupational etc, with amounts requested/promised/received if known) |
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

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| **14. Declaration**• I declare that the information I have given in Section 1-12 is, to the best of my knowledge, correct.• I understand that 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 in confidence to other agencies and charities, including the Seafarers’ Advice and Information Line, in the course of this application. |
| **Signature of applicant** | **Date** |
| **Signature of applicant’s spouse/partner** | **Date** |

*For use by independent caseworker (if applicable)*

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| **15. Caseworker’s Report & Recommendations***Caseworkers are reminded of their responsibilities with regard to the Data Protection Act 1998* |
|  | **Amount required £** |
| (continue on page 6 if necessary) |

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| **Name of caseworker (block capitals)** | **Signature of caseworker****Date** |
| **Address** |  | **Telephone** |  |
|  | **Fax** |  |
|  | **Email** |  |
|  |  |  |
| **Postcode** |  |  |  |

(continued from section 15)

06/15