

Social Workers' Benevolent Trust

APPLICATION FOR ASSISTANCE

Please read the attached notes before completing the form. Please use black ink to facilitate photocopying.

(OFFICE USE ONLY)		REFERENCE NUMBER: /
1 Surname:	First Name:	Title:
Current address (inc postcode):		
d.o.b:	Phone:	Mobile:
E-mail:		
2 Household members (please state relationship to you) (See note 1)		
		d.o.b:
		d.o.b:
		d.o.b:
		d.o.b:
3 Are you a Qualified Social Worker? Yes / No		
If Yes What is your qualification?		Date awarded:
Educational establishment awarding qualification:		
If No Have you worked in a post which would normally require a social work qualification? (See note 2) Yes / No		
Title of post:		
4 Please list all social work posts held and dates (including current post if employed)		
5 Are you a Registered Social Worker? (See note 3)		Yes / No
If yes Please give Registration number:		

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6 How much money do you require from the Trust? (See note 4)

What is the grant for?

Have you received financial help from any other organisations? **Yes / No**

If yes, please specify any amount given and from whom:

Do you intend to apply to any other organisations? **Yes / No**

If yes, what are the names of those organisations?

How much are you requesting?:

When do you expect to hear the outcome of these applications?

7 Please state the current Net Income of the Household (See note 5)

	Salary/Wage (Monthly)	Benefits – Please specify type and amount. (Monthly)	Other Income
Applicant:			
Partner:			
Other:			

8 Do you have any savings and/or investments? (See note 6) **Yes / No**

If Yes Please give details including amounts.	Savings:

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	Investments:	
9 Monthly Expenditure (Please complete as appropriate) (See note 7)		
	Cost: Per Month	Any outstanding debts / bills
Housing costs: Mortgage/rent/service charges		
Council tax:		
Fuel costs: Gas/electricity/coal/oil etc		
Water Rates:		
Telephone:		
Television: (inc licence)		
Food/household expenses		
Prescriptions:		
Clothing:		
Child Care costs: Please specify		
Car related expenses: Tax/insurance/petrol/servicing		
Other transport costs: Please specify		
Domestic help/home care/personal care/day care: Please specify		
Loans: Please specify		
Insurances: Please specify		
Credit Cards:		

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Child maintenance		
Credit commitments		
Any other regular expenses: Please specify		

10 Please tell us:

- i/ the reason why you are making this application, and
- ii/ describe the circumstances which are causing the difficulties you are experiencing.

Please attach any supporting information which you think will help the Trustees to make their decision. **(see note 8)**

11 How did you hear about SWBT?

Have you applied previously to the Trust?
If Yes, please give dates

Yes / No

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Signature of applicant

If you are planning to send your application by email and are unable to submit a signature, the Benevolent Trust will accept your application unsigned as by submitting this application electronically, you are confirming that you are happy for SWBT to make their decision on the basis of the information contained in the form.

Date

Data Protection Act: All applications are dealt with in the strictest confidence and the Trust is registered under the Data Protection Act (Z9630436).

Should you require further information about this, please contact the Honorary Secretary.

**Please e-mail this form to : swbapplications@basw.co.uk or post it to The Secretary,
SWBT, Wellesley House, 37 Waterloo Street, Birmingham, B2 5PP**