

APPLICATION FOR ASSISTANCE

Please: 1. Read the Essential Notes before completing the form; 2. Wherever possible please complete the Application Form on line. However, it is important to note that no applicant will be disadvantaged should they not be able to complete the Application Form on line; 3. Do not leave any answers blank but insert N/A or NONE where applicable.

(OFFICE USE ONLY)		REFERENCE NUMBER:	/
Part One: About You			
Surname:		First Name:	Title:
Current address (inc postcode):			
D.O.B:	Phone:	Mobile:	
E-mail:			
Part Two: About any people who live with you			
Household members (please state relationship to you) (See Essential Notes Part Two)			
		D.O.B:	
		D.O.B:	
		D.O.B:	
		D.O.B:	
Part Three: About your social work career (See Essential Notes Part Three)			
Do you hold a social work qualification?		Yes / No	
Date awarded:			
Are you a Registered Social Worker?		Yes / No	
If yes, please give Registration Number:			

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Please list your last 3 social work posts and dates held (including current post if employed)

Part Four: About the grant you are requesting

How much money do you request from the Trust and for what purpose? **(See Essential Notes Part Four)**

Part Five: The reasons for your application

Please provide comprehensive information (approx. 500 words). (See Essential Notes Part 5)

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Part Five: The reasons for your application continued:

Part Six: Financial Information

Your Income - Please state the current **Net Income** of the Household (**See Essential Notes Part Six**)

	Salary/Wage (Monthly)	Benefits (Monthly)
Applicant:		
Partner:		
Other:		

Do you have any savings or other income? (**See Essential Notes Part Six**) **Yes / No**

If Yes, please give details including amounts.

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Part Seven: About your expenses		
Monthly Expenditure	Monthly payment - £'s	Current Arrears - £'s
Rent		
Mortgage		
Other Mortgage/Secured Loan		
Council Tax*		
Ground Rent		
Service Charge		
Water Rates/Sewerage*		
Life/Contents/Buildings Insurance		
Domestic Fuel Bills		
Food and Housekeeping		
Clothing		
Mobile/Landline Telephone		
Satellite/Cable TV Costs		
Internet/Broadband		
Child Care Costs		
Public Transport Costs		
Car Expenses		
Prescriptions		
Other		
Total		

* Rates in Northern Ireland

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Please detail all debts and creditors including Credit Card debts:			
Name of Creditor:	Purpose:	Monthly (£):	Balance owed:

Part Eight: Your contact with the Trust and your signature

How did you hear about SWBT?

Have you applied previously to the Trust? **Yes / No**

If Yes, please give dates

Signature of applicant:

Date signed:

If you are planning to send your application by e-mail 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.

Data Protection: All applications are dealt with in the strictest confidence in accordance with Data Protection legislation and the Trust is registered with the Information Commissioner's Office (Z9630436). Should you require further information about this, please contact the SWBT Chair at the address below.

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