Charity SEARCH
Dedicated to helping older people in financial need

Please complete all sections of this document, failure to do so will affect the end results of our searches.

Mr/Mrs/Miss/Ms/Other	**Your age:** **Date of birth:**
Surname:	**Male or Female** (please circle)
First Name:	**Place of Birth:** ....
Address:	**Are you a UK citizen? Yes / No**
....	**Ethnic origin:** ....
Postcode:	**Religion/Faith:** ....
Home Tel No:	**How did you hear about our service?**
Mobile No:	....
Email:	**Are you a: Widow/Widower/**
Local Council:	**Married/Divorced/Single/Separated**
	(please circle)

Are you a home owner, or do you live in rented accommodation? (please state which)

What is your need and how much do you think this will cost? (approximately)

MAIN HEALTH PROBLEM OR DISABILITY

YOU	SPOUSE/PARTNER/LATE HUSBAND/WIFE

EMPLOYMENT HISTORY   **Are you currently in work?   Yes or No**   (please circle)

Please list all the work you have done (in this country) since leaving school. (see example)

YOU

Company/Trade/Profession	Job Description	Years served
Shoe shop	*Sales Assistant (Example only)*	*7*

YOUR SPOUSE/PARTNER/LATE HUSBAND/WIFE   (please circle)

NAME: ………………………………………

Company/Trade/Profession	Job Description	Years served

Were you ever a member of an organisation connected to your profession, for example, a union or a specific society connected to your particular line of work? If so, please give brief details.

_____

INCOME & EXPENDITURE

What is your total Weekly Income? (joint if applicable)	£
What is your total weekly expenditure	£
Do you have any savings and if so, how much?	£
Do you have any debt and if so, how much?	£

UTILITY PROVIDERS

Water:	
Gas:	
Electricity:	

ARE YOU IN RECEIPT OF ANY BENEFITS? IF SO WHICH AND HOW MUCH?

_____

_____

WELFARE SUPPORTED APPLICATIONS

Some charities, particularly those linked to an illness or disability, ask that a professional welfare worker make the application on your behalf, is there someone you know willing to do this for you? If yes, please supply their full contact details.

_____
_____
_____

ARMED FORCES

Did you or your partner ever serve in the forces? This includes National Service or Territorial Army. If so, which armed service, and how long did they serve?

_____
_____

PREVIOUS HELP FROM CHARITIES

Have you ever received help from charities before?   If yes, please name this charity and say how much they donated.   Also, when did they help you?

_____
_____

DOES ANYONE LIVE WITH YOU?   Yes / No   If yes, please state who lives with you, their age/s and their relationship to you.

_____

After reading and signing the declaration and permissions sheet on the next page, please return this form to the following address:

Charity Search, 25 Portview Road, Avonmouth, Bristol BS11 9LD

Thank You

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Declarations and Permissions

It is important to sign and attach this 'Data Protection' form to your 'Personal Profile' form as it may otherwise cause delays with our search for charities.

I declare that, to the best of my knowledge, the information I have given is correct and I will inform Charity Search immediately of any change in my circumstances relevant to this application.

I give permission for Charity Search to store and process my personal information for the purpose of carrying out its charitable objectives. I understand that I have the right to receive a copy of this information and correct any inaccuracies, if appropriate. I also understand that my personal information will be treated confidentially.

I give permission for Charity Search to share the information I have given on this application with other charities who may be able to help me.

I give permission for Charity Search to contact other relevant organisations including any referring agency, the Department of Work & Pensions and the Inland Revenue to check, share and receive information relevant to this application.

Where I have included information about other named individuals (e.g. children, partner) on this application form, I have notified these individuals and they have given permission for Charity Search to store and process their personal information.

Please sign one of the boxes below:

I have read and understood the statements above.

Your Signature: …………………………………………… Date: ………………………
Name in Block Capitals: ……………………………………………………………………..

Or

Name: …………………, who is my …………………………. (Relationship to you) has read, and explained, this section to me before I signed it.
Signed (by applicant): …………………………………… Date: ……………………

Or

I am signing on behalf of the applicant because (state reason) ………………………
………………………………………………………………………………………………
Signed (by representative): …………………………………Date: ………………..
Representative's Name (in block capitals): ………………………………………………