



Please complete in black ink and circle the relevant information

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, a Widower,
.....	Married, Divorced, Single, Separated.
Local Council :.....	(please circle)

What kind of accommodation do you live in? Please circle			
Own Home	Council Rental	Private Rental	Housing Association
Sheltered Home	Residential Home	Nursing Home	Other?

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

When you complete the following sections on employment and health, please give details of your spouse, or if you are a widow or widower please also give details of your late husband/wife. This information is needed because many charities like to help the dependants of those who have a link to their charity.

MAIN HEALTH PROBLEM OR DISABILITY

YOU	SPOUSE/PARTNER/LATE HUSBAND/WIFE

EMPLOYMENT HISTORY

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

YOU

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

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. This information is very helpful to us when we are searching for charities for you:

TOTAL WEEKLY INCOME (joint income, if married)

Weekly salary (if applicable)	£
Weekly pension	£
Any other weekly income	£
Please name all state benefits (for both of you, if married)	
	£
	£
	£
	£
	£
What is your total Weekly Income?	£
Do you have any savings? Yes / No. If yes, how much:	£

TOTAL WEEKLY EXPENDITURE (joint expenditure if married)

Please list all regular weekly outgoings. Remember to include any debt/credit card repayment. (please tell us the name of your utility providers) :

	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
Total Weekly:	£
Do you have any outstanding debts? If yes, how much?	£

ADDITIONAL INFORMATION you would like to add:

PROFESSIONAL THIRD PARTY APPLICATIONS

Do you have anyone like a health worker, social worker, occupational therapist, key worker, housing options adviser or similar, who would be willing to make applications on your behalf? If so, please give their name, job title, and 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 Regiment and Rank and when did you 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.

DECLARATION

I declare that to the best of my knowledge, this information is complete and true.

Signature of Applicant: _____ Date: _____

Signature of person completing this form: _____

Position held: _____ Contact Tel No. _____

Thank you for taking the time to complete this questionnaire. All you need to do now is to post it back to us at:

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

Sometimes, it is helpful to keep a copy of this form for your future reference.

It is important to complete and sign the Declarations and Permissions form and send it together with this completed document. Thank you.