Vetlife

Application for Assistance

Strictly Private and Confidential

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**Who is eligible for financial support?**

A veterinary surgeon who is on or has previously been on the RCVS register. Dependants of deceased veterinary surgeons (spouses or children) can also apply. **You must be resident in the UK to apply for support.**

**Who can we help?**

* Veterinary surgeons unable to work as a result of ill health (mental or physical)
* Dependants of deceased veterinary surgeons
* Retired veterinary surgeons
* Veterinary surgeons and/or their dependants needing short-term assistance
* Veterinary surgeons in need of one-off financial assistance

**What can’t we help with?**

* Undergraduate and postgraduate fees
* Business or partnership debt
* The costs of mandatory training courses
* Indemnity insurance
* Private education
* Private medical care (including care home fees)
* Legal fees
* Financial support simply because someone is unemployed

**How can we help?**

* Payment of regular monthly grants
* Special gifts to help with the cost of one-off items or living costs
* Provision of accommodation
* Provision of access to basic CPD courses
* Referral to Vetlife Health Support for mental health support
* Awards are made throughout the year and are reviewed annually, or when your circumstances change

**What are the stages of the application process?**

The application process will help us to address your needs and is completely confidential.

* Check that you answer “yes” to the 5 questions in the preliminary check overleaf.
* Complete and return the form to E: [info@vetlife.org.uk](mailto:info@vetlife.org.uk) or Vetlife Financial Support, 7 Mansfield Street, London W1G 9NQ with the required documentary evidence. (See Section 6)
* If you are eligible for assistance, we may arrange for your Area Representative to contact you before your application is considered by the Grant Awards Panel.
* You will be contacted via your preferred means of communication within 5 days of receiving your application.

**Section 1** | **Please complete the Preliminary Check**

***If you have ticked ‘NO’ to any of the questions 1-5 or require any assistance to complete this form, please contact Vetlife Financial Support on 0207 908 6374.***

1. Are you or have you been an MRCVS or a dependant of an MRCVS? **YES 🞏 NO 🞏**

Please provide details here:

|  |  |
| --- | --- |
| Name of MRCVS |  |
| Date of birth of MRCVS |  |
| Date & place of qualification |  |
| Date joined RCVS register |  |
| Date left RCVS register |  |
| If you are a dependant please specify your relation to MRCVS |  |

1. Are you aware that Vetlife is not able to help with private health, legal or education costs?

**YES** 🞏 **NO** 🞏

1. Have you checked with the Department of Works & Pensions or your local Citizens Advice Bureau that you are claiming your full entitlement of State benefits?

**YES** 🞏 **NO** 🞏

1. Have you approached your family for financial support?

**YES** 🞏 **NO** 🞏

1. Do you give permission for Vetlife to obtain professional debt and benefits advice on your behalf?

**YES** 🞏 **NO** 🞏

**WHERE DID YOU HEAR ABOUT VETLIFE?**

|  |
| --- |
|  |

**Section 2** | **Please tell us about you and your family**

**Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | First name |  |
| Date of Birth |  | Title |  |
| Age |  | Marital status (e.g. Married, single, divorced) |  |
| Home address |  | Place of birth |  |
|  |  | Telephone (home) |  |
|  |  | Telephone (mobile) |  |
|  |  | Email |  |
|  |  |  |  |
| Post code |  | RCVS registration number if applicable |  |

**Other household member aged 18+ (If applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | First name |  |
| Date of Birth |  | Title |  |
| Age |  | Marital status |  |
| Home address |  | Place of birth |  |
|  |  | Telephone (home) |  |
|  |  | Telephone (mobile) |  |
|  |  | Email |  |
|  |  |  |  |
| Post code |  | RCVS registration number if applicable |  |

**Please give details of everyone else who lives in your home**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Age or date of birth | Relationship to applicant | Employed or at school | Weekly income if employed | Weekly contribution to household |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **FOR OFFICE USE ONLY TOTAL £:** | | | | | |

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| --- |
|  |

If you are financially responsible for someone not living in your home please tell us their name, relationship to you and the level and reason for the financial support.

**Section 3** | **About your finances**

Income

***Please enter the amount of money you receive within each relevant section for both you and your partner (if applicable).***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Income | £ Applicant | £ Other household member | Payment frequency (Weekly, monthly or annually) | For office use only |
| Net earnings (after tax and deductions) |  |  |  |  |
| State retirement pension |  |  |  |  |
| Occupational private pension |  |  |  |  |
| Other pension(s) |  |  |  |  |
| Widows/widowers benefits |  |  |  |  |
| Bereavement allowance |  |  |  |  |
| Maternity/paternity pay |  |  |  |  |
| Child benefit |  |  |  |  |
| Universal Credit |  |  |  |  |
| Job Seekers Allowance (JSA) |  |  |  |  |
| Pension credit |  |  |  |  |
| Statutory Sick Pay (SSP) |  |  |  |  |
| Industrial Injuries Disablement Benefit |  |  |  |  |
| Employment and support allowance (ESA) |  |  |  |  |
| Carer’s allowance |  |  |  |  |
| Attendance allowance |  |  |  |  |
| Personal Independence Payment – Daily living |  |  |  |  |
| Personal Independence Payment – Mobility |  |  |  |  |
| Working tax credit |  |  |  |  |
| Child tax credit |  |  |  |  |
| Income from savings and investments |  |  |  |  |
| Property or rental income |  |  |  |  |
| Housing benefit |  |  |  |  |
| Mortgage interest payments (SMI) |  |  |  |  |
| Discretionary Housing benefit payment |  |  |  |  |
| Any other income including support from other charities, court maintenance orders, child support agency payments, insurance or financial support from friends or family (please specify) |  |  |  |  |
| **FOR OFFICE USE ONLY TOTAL :** | | | |  |

**Section 3** | **About your finances (Continued)**

Savings and capital

***Please indicate total current amount***

|  |  |  |
| --- | --- | --- |
| Type of savings | Yourself | Other household  member |
| Current account balance |  |  |
| Deposit or savings account(s) balance |  |  |
| National savings/premium bonds |  |  |
| Shares (market value) |  |  |
| Other savings (please specify) |  |  |
| Investment property value |  |  |
| Life insurance or endowment policies (including date of maturity) |  |  |
| Car (with make, model and year) |  |  |
| TOTALS: |  |  |

Details of housing

|  |  |  |  |
| --- | --- | --- | --- |
| PRIVATE | | RENTED | |
| Do you own a house/flat? | Yes/No | Do you live in rented accommodation | Yes/No |
| If YES: | | If YES: | |
| Give approximate  - Market value of property  - Amount contents insured for |  | Are you the tenant? | Yes/No |
| £ | Council owned? | Yes/No |
| £ | Family owned? | Yes/No |
| Date of Purchase |  | Please give details of other property/ownership: | |
| Amount of mortgage/s | £ |  | |
| Remaining length of mortgage/s |  |
| Name of Lender |  |
| In whose name is the property? |  |
| Which Council Tax band (e.g. A) does your home come under? | |  | |

**Section 3** | **About your finances (Continued)**

Expenditure

|  |  |  |  |
| --- | --- | --- | --- |
|  | £ | Payment Frequency (weekly/monthly/ annually) | For Office Use Only |
| Mortgage repayments |  |  |  |
| Mortgage protection insurance |  |  |  |
| Ground rent, service charges, factor fees |  |  |  |
| Rent |  |  |  |
| Nursing or Residential Home Fees |  |  |  |
| Insurance – Personal, e.g. Life, Endowment etc.   * House and contents * Practice |  |  |  |
| Council tax |  |  |  |
| Gas |  |  |  |
| Electricity |  |  |  |
| Water |  |  |  |
| Other utilities (Coal, oil, Calor gas) |  |  |  |
| Sewerage Charges |  |  |  |
| TV licence |  |  |  |
| Childcare costs |  |  |  |
| Carer costs |  |  |  |
| Landline Broadband and TV package |  |  |  |
| Mobile Phone |  |  |  |
| Public transport costs |  |  |  |
| Cost of car ownership  e.g insurance, vehicle tax, MOT, Fuel etc. |  |  |  |
|  |  |  |
|  |  |  |
| Housekeeping e.g food and milk, toiletries, clothing and footwear, baby items, pet food etc. |  |  |  |
| Other expenditure  e.g Health (dentist, glasses, prescription, health insurance), vet bills and pet insurance, hair dressing, repairs, house maintenance (including window cleaning, maintenance contracts) etc. |  |  |  |
| **FOR OFFICE USE ONLY TOTAL:** | | |  |

**Section 4 | Debts and arrears**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of debt | Applicant £ | Other Household member  £ | Applicant £ | Other Household member  £ | Payments overdue |
| Total owed | | Monthly repayment | |
| Rent or mortgage |  |  |  |  |  |
| Council tax |  |  |  |  |  |
| Service charge |  |  |  |  |  |
| Gas or electricity |  |  |  |  |  |
| Telephone |  |  |  |  |  |
| Credit card(s) |  |  |  |  |  |
| Store card(s) |  |  |  |  |  |
| Friends/relatives |  |  |  |  |  |
| Bank overdraft |  |  |  |  |  |
| Bank loan(s) |  |  |  |  |  |
| Social fund loan |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |
| FOR VETERINARY SURGEONS ONLY  Please give details of any outstanding liabilities in connection with the practice for which you are responsible (including income tax) and indicate the extent of your personal responsibility |  | | | | |

**Section 5 | Please tell us what support you would like us to consider and why you need financial assistance**

***Provide as much information as possible as to why you need our help. The more information you provide the sooner we can reach a decision and the more effective our help can be (continue on a blank page if necessary)***

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**Section 6 | Account details**

***If a grant is awarded, it may be credited directly to your bank or building society account. Please complete the table below with your details:***

|  |  |
| --- | --- |
| Name of bank/building society |  |
| Account name |  |
| Branch address |  |
| Sort code number |  |
| Account number |  |
| Building society reference no. |  |

**Section 7 | Checklist - Documents required**

***We cannot consider your application without the required supporting documentation.***

***If you are unable to provide original documents please let the Financial Support Casework Officer, or your Area Representative know.***

* The last **three months’ statements for all** bank/building society/saving accounts and credit card accounts held by you, your partner and all other members of your household aged 18+
* A copy of a letter from DWP with details of any State benefits you are receiving
* A recent mortgage/rent statement
* Proof of Debts (Copies of letters where you have outstanding bills)
* Proof of marriage to MRCVS (If applicable)
* Proof of parentage by MRCVS (If applicable)

**Section 8 | Data protection and Declaration**

***Please sign the declaration to confirm that you have read and understood the following information below: It is a requirement of the Data Protection Act that you are informed what information will be held about you and how we use this information.***

|  |
| --- |
| **DATA PROTECTION NOTICE TO VETLIFE BENEFICIARIES**  The information you have provided on this form will be used to assess your application and to manage any subsequent grant. We use a computerised database to manage our grants and your information will be stored here securely for the length of your grant and for accounting purposes.  You can ask to see the information we hold about you at any time by writing to [info@vetlife.org.uk](mailto:info@vetlife.org.uk).  We take your privacy seriously and will not share your information, other than to manage and administer your grant.  Please complete the following:   * I can confirm that I have read and understood the statement on Data protection and consent to Vetlife processing and storing my information for the purposes of this application * I declare that the information given is complete, accurate and a true indication of the current position * I have enclosed all documents requested and understand that any documents sent via post will be returned * I authorise Vetlife to seek confirmation from my Bank, Building Society, the Department of Work & Pensions or the Local Authority * I undertake to inform Vetlife of any subsequent change in my financial circumstances as soon as it occurs |

|  |
| --- |
| **Signed:** |
| **Date:** |

**Section 9 | Appeals and Complaints**

**Appeals**

If you disagree with the decision of the Grant Awards Panel you are entitled to submit an appeal in writing within 14 days of the decision. This should include any additional evidence or mitigating circumstances which will be considered when reviewing their decision. If you are not happy with the result of this appeal, you may file a complaint.

If, after consideration of any additional submitted evidence, it is the opinion of the panel or committee that the appeal should be upheld and the original decision be revised, it will inform the appellant directly.

If it is the opinion of the Panel that the appeal should not be upheld, it will inform the appellant accordingly and include the opinion in its reporting to the Board of Trustees.

If the appellant believes there are grounds to challenge the response of the panel or committee to their appeal, he/she may, within 14 days of receipt of that response, submit a further appeal, in writing, to the Operations Manager for direction to the Board of Trustees detailing the reason(s) for such a challenge. The Board of Trustees will review the grounds for the challenge and the decision-making process applied in the appellant’s case.

If the Board of Trustees determines that:

• it agrees the opinion of the committee or panel that the appeal not be upheld, the appellant will then be informed that the appeal has not been upheld;

• it disagrees with the opinion of the committee or panel that the appeal be upheld, the Board of Trustees will determine further action to be taken and the appellant will then be informed that the appeal has been upheld and advice given on the further action.

**Vetlife Complaints Policy**

Vetlife is committed to adhering to the best possible standards in its fundraising and service provision. There are however times when members of the veterinary community, the wider public or the membership may feel moved to register dissatisfaction about the actions of the Charity, its representatives or its employees. We want to know when this happens. We take your comments and all reasonable complaints seriously as they help us to improve our services and relationships with those we assist and with those with whom we work.

Should you wish to complain about the activities of Vetlife:

1. In the first instance, please send your complaint:   
   1. By mail to:   
      The Complaints Committee, Vetlife, 7 Mansfield Street, London W1G 9NQ
   2. By e-mail to: [info@vetlife.org.uk](mailto:info@vetlife.org.uk)
2. You should receive an acknowledgement of receipt of the complaint from the Complaints Committee within 5 working days. A full written response will be provided once any necessary investigation of the complaint is completed. The time taken may vary according to the nature of the complaint; however, in circumstances requiring lengthier investigation, a regular update on progress of the investigation will be provided.
3. All complaints will be recorded and their outcomes formally reported to the Board of Trustees.
4. Where a complainant has reason to believe that the investigation of their complaint by Vetlife , has been conducted improperly, they should contact the President of the Charity, who will arrange a review of its decision by a suitable external body.
5. Please note that this policy relates only to complaints about the actions of the charity, its employees and its representatives. Those wishing to appeal an individual beneficiary decision should refer to the Beneficiary Appeals Procedure.

|  |  |  |
| --- | --- | --- |
| **APPLICATION RECEIVED** |  | **NOTES** |
| **AREA REP ASSIGNED** |  |  |
| **SUPPORT DOCUMENTS REQUESTED** |  |
| **SUPPORT DOCUMENTS RECEIVED** |  |
| **AREA REP REPORT RECEIVED** |  |
| **PASSED TO GAP** |  |

**FOR OFFICE USE ONLY**