

Before completing the application form, please read the information below carefully. You may wish to detach the notes and keep them for your reference after completing the form.



VETLIFE

APPLICATION FOR ASSISTANCE

STRICTLY PRIVATE AND CONFIDENTIAL

### Who is eligible for financial support?

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

### Who can we help?

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

### What can't we help with?

- Undergraduate and postgraduate fees
- Business or partnership debt
- Debt for non-priority bills/expenses
- The costs of mandatory training courses
- Private medical or professional indemnity insurance premiums
- Private education
- Private physical healthcare
- Care home or carer fees
- Legal fees
- Cost of pet ownership
- 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
- Referral to the Citizens Advice Bureau for benefits advice and 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 2 days of receiving your application.
- We process all application forms as quickly as possible. Please note that it will help facilitate our process if you send all of your supporting documents with the application form and note that we may need to ask you extra questions about your application. Prompt responses to these will also help maintain an efficient service.
- We take the safety and wellbeing of staff and volunteers extremely seriously. All staff and volunteers have the right to be treated with consideration, dignity and respect. We will not tolerate any disrespect or abuse of our staff or volunteers in any form. Any potential grant payment depends on strict adherence to this stipulation.
- We take your confidentiality very seriously. The limits of our confidentiality are if someone threatens an act of terrorism, or if an identifiable adult at risk or child is at immediate risk of death or serious harm. In those cases if we have identifiable information about a person at risk we may need to share it.

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

If you have ticked 'NO' to any of the questions 1-7 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 RVN or a dependant of an MRCVS or RVN? YES  NO

If you are a **dependant**, please provide the details of the MRCVS or RVN here:

Name of MRCVS or RVN ( <i>delete as appropriate</i> )	
Date of birth of MRCVS or RVN	
Date & place of qualification	
Date joined RCVS register	
Date left RCVS register	
Please specify your relation to MRCVS or RVN	

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

YES  NO

3 Have you approached your family for financial support?

YES  NO

4 Have you made use of available savings and assets?

YES  NO

5 Have you approached any other organisation for financial support?

YES  NO

5a If you are an RVN, have you applied to the Daphne Shipman fund?

YES  NO

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

YES  NO

7 Do you give permission for Vetlife to obtain professional benefits advice on your behalf?

YES  NO

WHERE DID YOU HEAR ABOUT VETLIFE?

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## Section 2 | Please tell us about you and your household

### Applicant

Family name		First name	
Date of Birth		Title	
Age		Marital status (e.g. Married, single, divorced)	
Home address		Place of birth	
Post code		Telephone (home)	
		Telephone (mobile)	
RCVS registration number if applicable		Email	
Date & place of qualification			
Date joined RCVS register		Date left RCVS register	
GP details		MRCVS or RVN ( <i>delete as appropriate</i> )	

### 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	Date of birth	Age	Relationship to applicant	Employed or at school	Weekly income if employed	Weekly contribution to household
<b>FOR OFFICE USE ONLY</b>						<b>TOTAL £:</b>

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.

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### Section 3 | About your finances

#### Income

Please enter the amount of money you receive within each relevant section for both you and any other household member (if applicable). Please provide all figures in the same format – Weekly or Monthly.

Income	£ Applicant	£ Other household member	Payment frequency (Weekly, monthly)	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)				
<b>FOR OFFICE USE ONLY</b>			<b>TOTAL :</b>	

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

#### Savings, capital, assets

Please indicate total current amount

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

#### Details of housing

OWNERSHIP		RENTED	
Do you own a house/flat? If yes:	Yes/No	Do you live in rented accommodation? If yes:	Yes/No
How many bedrooms do you have in the home?		How many bedrooms do you have in the home?	
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 any other property (rental/ownership):	
Amount of mortgage/s	£		
Remaining length of mortgage/s			
Name of Lender			
In whose name is the property?			

### 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 e.g. Professional indemnity Life Endowment House and contents Practice			
Council tax			
Gas			
Electricity			
Water			
Other utilities (Coal, oil, Calor gas)			
Sewerage Charges			
TV licence			
Care and Health Costs (childcare, adult care, dentist, opticians, prescriptions and medicines)			
Public transport costs			
Cost of car ownership e.g insurance, vehicle tax, MOT, Fuel etc.			
<b>Communications and Leisure</b> including mobile phone, landline, broadband and TV and film packages, hobbies leisure and sport, gifts, magazines, stationery etc			
<b>Food and Housekeeping</b> e.g groceries including food, pet food, soft drinks, cleaning products, baby items, house repairs and maintenance, vets bills, pet insurance etc.			
<b>Personal</b> e.g clothing and footwear, hairdressing, toiletries, other			
<b>FOR OFFICE USE ONLY</b>		<b>TOTAL:</b>	

## 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)					
<p><b>FOR MRCVS &amp; RVNs ONLY</b>                      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</p>					



If you need help filling in this form, please call 0207 908 6374 to speak to the Vetlife Financial Support Casework Officer

**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 are applying for financial support. Please show that you have looked at other sources of financial help and why they may not be available to you. 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 in necessary)*

## 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+. Screenshots will not be accepted.
- A copy of a letter from DWP with details of any State benefits you are receiving
- A recent mortgage/rent statement (If applicable)
- Proof of arrears for essential bills including rent/utilities (copies of letters, bills or statements)
- Proof of marriage to MRCVS or RVN (If applicable)
- Proof of parentage by MRCVS or RVN (If applicable)
- Proof of fit note (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 Data protection statement 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 if requested.
- I will apply for any State benefits and other assistance which I may be eligible for. I understand that failure to do so may affect any support awarded.
- I will inform Vetlife of any subsequent change in my financial circumstances as soon as it occurs. I understand that failure to do so may affect any support awarded.

**Signed:**

**Date:**

## Section 9 | Appeals and Complaints

### Appeals

If you disagree with the decision of the Grant Awards Panel (GAP), or Grant Review Committee (GRC) 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.

Any request for review should be addressed to the Casework Officer and must be supported by such additional evidence as may call into question the original basis on which the reduction, cessation or rejection was deemed appropriate by the GAP or GRC, whichever may have been responsible for the decision for which the review may be requested.

Upon receipt of a request for review of a decision, the Casework Officer will determine that new evidence has been provided, acknowledge its receipt to the Applicant or Beneficiary and bring the matter to the attention of the GAP or GRC as appropriate.

Should the appeal raise a safeguarding concern, the Safeguarding Lead, Deputy and Trustee shall meet to discuss the case and make a recommendation to GAP/GRC on how to proceed.

The GAP or GRC will then review the new evidence accordingly, informing you of its decision within 14 days of receipt of the request.

Any claim brought by an Applicant or active Beneficiary alleging improper procedures in determination of an application or review will be considered to be a complaint against the Charity for which the plaintiff will be advised to refer to the complaint's procedures of the Charity. (See also Vetlife Complaints Policy).

### 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:

a. By mail to:

The Complaints Committee, Vetlife, 7 Mansfield Street, London W1G 9NQ

If you need help filling in this form, please call 0207 908 6374 to speak to the Vetlife Financial Support Casework Officer

- b. 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.



**FOR OFFICE USE ONLY**

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