

Section 1

Please complete the Preliminary Check

1. Are you or have you been an MRCVS or RVN or a dependant of an MRCVS or RVN?

YES NO

2. Have you approached your family for financial support?

YES NO

3. Have you made use of available savings and assets?

YES NO

4. Have you approached any other organisation for financial support?

YES NO

5. 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

Where did you hear about Vetlife?

Section 2

Please tell us about you and your household

Applicant

Family name First name Title

Date of birth Married, separated, divorced, cohabiting, single

Home address Telephone (Home) Telephone (Mobile)

Email

RCVS registration number Date joined RCVS register Date left RCVS register (if relevant)

MRCVS or RVN (delete as appropriate) Name and address of GP Practice

Other household member aged 18+ (if applicable)

Family name First name Title

Date of birth Marital status Telephone (Mobile)

Email 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
FOR OFFICE USE ONLY				TOTAL	£:	

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).

Income	£ Applicant	£ Other, household member	Payment frequency (weekly/monthly/annually)	For office use only
Net earnings (after tax and deductions)				
Statutory Sick Pay (SSP)				
Child Benefit				
Universal Credit				
Job Seekers Allowance (JSA)				
Personal Independence Payment (PIP)				
Employment and support allowance (ESA)				
State retirement pension				
Housing Benefit / Universal Credit (UC)				
Property or rental income				
Any other benefits – e.g. carers allowance, attendance allowance, bereavement support, widow pension, tax credits etc				
Any other income including support from other charities, income from savings, child support agency payments, life insurance or financial support from friends or family (please specify)				
FOR OFFICE USE ONLY		TOTAL	£:	

Savings, capital, assets

Please indicate total current amount

Type of savings	Yourself	Other household member
Balance of all current account(s)		
Balance of all savings account(s)		
Other savings e.g. National Savings/ Premium Bonds/ISA (please specify)		
Car (with make, model and year)		
Investment property/Land		
Other		
TOTALS:		

Section 3

About your finances

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	£	Are you the tenant?	Yes No
Date of Purchase		Family owned?	Yes No
Amount of remaining mortgage/s	£	Please give details of any other property that you rent or own:	
Remaining length of mortgage/s			
In whose name is the property?			

Expenditure

	£	Payment Frequency (weekly/monthly/annually)	For Office Use Only
Mortgage repayments			
Mortgage protection insurance			
Ground rent, service charges, Rent			
Insurance - Life - House and contents			
Council tax			
Gas			
Electricity			
Water			
Other utilities (Coal, oil, Calor gas)			
TV licence			
Care and Health Costs (e.g., childcare, dentist, opticians, prescriptions, and medicines) Please specify:			
Public transport costs			
Cost of car ownership			
Insurance			
MOT			
Petrol			
Tax			
Breakdown			
Other			

Section 3

About your finances

Expenditure (continued)

Communications and Leisure			
Mobile phone			
Landline			
Broadband			
TV and film packages			
Hobbies & Leisure			
Stationery			
Gifts, magazines			
Sport			
Other			
Food and Housekeeping			
Personal e.g., clothing and footwear, hairdressing, toiletries etc.			
Any other expenditure (Please specify)			
FOR OFFICE USE ONLY	TOTAL		

Section 4

Debts and arrears

Type of debt	Applicant £	Other House- hold member	Applicant £	Other House- hold member	Payments overdue
	Total owed		Monthly repayment		
Rent or mortgage					
Council tax					
Water					
Gas/electricity					
Credit card(s)					
Car finance					
Bank loan(s)					
Other					

Section 5

Bank 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	
Sort code	
Account number	

Section 6

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 Manager know.

The last three months' statements for all bank/building society/saving 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.

Proof of arrears for essential bills including rent/utilities (copies of letters, bills or statements).

Proof of marriage or parentage to MRCVS or RVN (only necessary if you are applying as a dependant).

Proof of fit note (if applicable).

Photographic proof of Identification (Passport or Driving Licence).

Proof of power of attorney (if applicable).

Section 7

Please tell us what support you would like us to consider and why you need financial assistance:

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

We fully endorse the principle that the welfare of children, young people and adults at risk, override any obligations of confidence we may hold to others. No one working, or involved, with our Charity can promise absolute confidentiality. Individual cases will only be shared or discussed on a "need to know" basis.

In cases of disclosure of abuse by children, adults at risk, parents or carers, all personnel are obliged to share the information with the relevant Lead (or Deputy in their absence), who will refer concerns to social care services, or the police in an emergency.

Information Sharing - Timely and accurate written records play an essential role in safeguarding individuals, who may have suffered, are suffering or at significant risk of suffering harm. It is important that records are shared at the appropriate time with the necessary organisations. Within this Charity, the decision to share written information, and with whom, will be undertaken by the relevant Lead or the Deputy for safeguarding.

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