

STRICTLY PRIVATE AND CONFIDENTIAL



Patron: H.R.H. The Prince Philip, Duke of Edinburgh, KG, KT
Registered Charity No. 230011

Licensed Trade Support & Care
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Registered Charity No 230011

BURSARY APPLICATION FORM

PLEASE RETURN COMPLETED APPLICATIONS TO THE
SUPPORT & CARE DEPARTMENT AT THE ADDRESS ABOVE

Application for a bursary at a Licensed Trade Charity School (*please tick relevant box*)

LVS ASCOT

LVS HASSOCKS

Please pay particular attention to the following:

Work History

We are the trade charity for the licensed drinks industry and so your application for assistance is based on your/your spouse's/partner's work within our industry. You will need to have worked in the licensed drinks industry, within the UK or Northern Ireland during one of the following time frames:

- Have worked for three continuous years in the past five years
- Have worked five continuous years in your lifetime

Application Notes:

Please complete all the sections in this form that apply to you, with as much detail as possible. Incomplete forms, or failure to return all supporting documentation requested in the accompanying letter, may delay your application. The completed form must be signed by the applicant(s) and, in the case of applicants who are self-employed, counter-signed by their Chartered or Certified accountants.

1. Personal Details

Reference No:

Father
Surname:
Christian/First Name:
Date of Birth:
Address:
Telephone No(s):

Mother
Surname:
Christian/First Name:
Date of Birth:
Address:
Telephone No(s):

Marital Status

Occupation (*tick appropriate box*)

Retired Employed Self-employed Unemployed

If you are a licensee, indicate status:

Tenant Holding Tenant Freeholder Manager Relief Manager

If you are not a freeholder give name, address & telephone number of pub co/brewery

.....

All other employees (non-licensees) please give name, address, telephone no. of employer:

Name:	Name:
Address:	Address:
Telephone No(s):	Telephone No(s):

Child for whom bursary is required

Full Name.....	Date of birth.....
Term & Year of entry if not yet enrolled.....	Current School Year.....
Current School.....	Fees Paid (if any).....

Other dependent children

Full Name.....	Date of birth.....	Current School Year.....	Fees Paid (if any)
Current School.....			

Non dependent children living at home

Full Name.....	Date of birth.....
Occupation.....	Earnings.....

Other dependants

2. Annual Income

	Father	Mother
Gross profit from business		
Gross salary (including taxable benefits)		
Gross pension including: <ul style="list-style-type: none"> • <i>State Retirement</i> • <i>Occupational</i> • <i>Personal</i> • <i>Bereavement</i> 		
Gross investment income: <ul style="list-style-type: none"> • <i>Banks/Building society</i> • <i>Dividends</i> • <i>Banks</i> 		
State Benefits:		
Working Tax Credit		
Child Tax Credit		
Child Benefit		
Income Support		
Job Seekers' Allowance		
Statutory Sick Pay		
Incapacity Benefit		
Maintenance		
Other		

3. Annual Outgoings

	Father	Mother
Tax payable on income declared in Section 2		
National Insurance Contributions		
Pension Contributions		
Mortgage Repayments		
Endowment mortgage insurance		
Loan/Debt Repayments		
Maintenance		
School Fees		

4. Capital Assets

	Father	Mother
Bank/Building society current accounts		
Bank/Building society saving accounts		
PEPS		
ISA's		
TESSA's		
Premium Bonds		
Government Stocks		
Approximate Value of any other assets (include value of any insurance policies maturing in last 5yrs)		
Net worth/value of any business(es) which you own or share		
Redundancy or any other lump sum (i.e. personal injury) payments		

Approximate market value of any other assets (include value of any property owned either at home or abroad).....

Date of purchase..... **Purchase price**

Monthly mortgage repayment.....

Number of years outstanding on mortgage

Any arrears.....

Do you let this property? **YES/NO**

If yes, annual rental income received.....

5. Debts

Purpose of Loan/type of arrears	Name of lender/Creditor	Date taken out/incurred	Original Amount	Outstanding Amount	Weekly Repayment

6. Employment Record in the Licensed Trade

Name of Pub/company <i>If tenant, name of Pubco/brewery</i>	Location (town and country)	Job title	From	To

8. Verification of Income

Please enclose documentary evidence of the income figures in section 2

Please tick those you are enclosing:

- | | | | |
|--|--------------------------|--|--------------------------|
| P60 | <input type="checkbox"/> | Copy of HMRC Tax Calculation issued under self-assessment | <input type="checkbox"/> |
| Pay slips (3 months minimum) | <input type="checkbox"/> | Confirmation of Sched. D self-employment income from an independent accountant | <input type="checkbox"/> |
| Report & business accounts (including balance sheet) for this year | | | <input type="checkbox"/> |

Other (please specify)

.....

9. Verification of Assets

Please enclose documentary evidence of assets & tick those you are enclosing:

- | | |
|----------------------------------|--------------------------|
| Bank/Building Society Statements | <input type="checkbox"/> |
| Property/Tax Valuation | <input type="checkbox"/> |
| Mortgage Statement | <input type="checkbox"/> |
| Investment Portfolio Valuation | <input type="checkbox"/> |
| Contents Insurance | <input type="checkbox"/> |

10. Verification of Employment

If you are not currently employed in the licensed trade, please enclose documentary evidence of your past employment. Tick those you are enclosing:

- | | |
|----------------------------|--------------------------|
| Letter from employer | <input type="checkbox"/> |
| P60/45 | <input type="checkbox"/> |
| Previous pay slips | <input type="checkbox"/> |
| Previous Business Accounts | <input type="checkbox"/> |

If you are unable to provide documentary evidence of your employment please sign the enclosed form authorising the LTC to contact HMRC for proof of NIC's

How did you hear about us? (please indicate below):

Website Morning Advertiser The Publican LTC Newsletters
Other charities Word of mouth Other

12. Declaration Statement

- I/we the undersigned, declare that all the participants in this form are correct and that I/we have made a full disclosure of my/our income, capital, and investments.
- I/we understand that any false or undisclosed information could result in the withdrawal or repayment of any award agreed by Licensed Trade Support&Care.
- I/we will undertake to inform Licensed Trade Support&Care of any changes in our circumstances that take place during the application process.
- I/we understand that Licensed Trade Support&Care may confer with other charities/bodies regarding my/our application.
- I/we understand that the information on this form will be kept on a computer database as well as in a paper file. I consent to the collection, processing and dissemination of this information by Licensed Trade Support&Care in line with the regulation laid down in the Data Protection Act 1998.

Applicant's signature.....

Date.....

Spouse/Partner's Signature.....

Date.....