



LICENSED
TRADE
CHARITY

Helping pub and bar people

STRICTLY PRIVATE & CONFIDENTIAL

Licensed Trade Charity
Heatherley
London Road
Ascot
Berkshire
SL5 8DR

Tel: 01344 898550
www.licensedtradecharity.org.uk
Registered Charity No 230011

APPLICATION FOR FINANCIAL ASSISTANCE

PLEASE RETURN COMPLETED APPLICATIONS TO THE CHARITY SERVICES TEAM.

Application Notes

Please complete all the sections in this form that apply to you, with as much detail as possible. An incomplete form or failure to return all the supporting documentation requested in the accompanying letter may delay your application.

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 for **5 continuous years** in the licensed drinks industry within the UK & Northern Ireland

CONSENT TO INFORMATION SHARING

NAME: _____

ADDRESS: _____

In order to support our beneficiaries, The Licensed Trade Charity Services Team would like to seek permission from you to share information with representatives from other agencies.

Examples of these would be: - Council/Housing Association Officers, Utility Companies, Credit or Debt Collection Agencies and Banks to support you with financial hardship or seeking information to make things easier for you in the future. We may also share your information with other charities who could support you.

It is important that your written permission is gained so that agencies are aware you are in agreement. All information gained will be treated in the strictest of confidence in accordance with the Licensed Trade Charity policy on Confidentiality.

I _____ hereby give consent for The Licensed Trade Charity to share information with, and be given information by, the relevant agencies involved in my case.

SIGNED (Beneficiary): _____ DATE: _____

The current Charity Services team are:

Carolyn Jenkinson, Kath Gill, Jola Strong, Denise Buick, Hilary Bone and Marilyn Searle

Last updated: October 2018

1. Personal Details

Reference / LTC Membership No: (if applicable)

Married Living with Partner Single Separated Divorced Widowed

Applicant

Mr/Mrs/Miss/Ms:
Surname:
Christian/First Name:
Date of Birth:
National Insurance Number
*Religion:

Spouse/Partner

Mr/Mrs/Miss/Ms:
Surname:
Christian/First Name:
Date of Birth:
National Insurance Number
*Religion:

** Giving this information is optional, but it may help us to suggest other sources of funding*

Address:	Telephone Number (s)
Post Code:	E-Mail:
Number of Children (non-dependant as well as young children):	

2. Emergency Contact Details

Please give the name of a relative, friend or other whom we could contact if necessary.

Name:	Relationship:
Address:	
Telephone Number(s):	

3. Other People In Your Household

Name	Date of Birth	Relationship	Weekly Net Income	Weekly Financial Contribution

4. Income

If you are unable to provide weekly figures, please indicate whether amounts are on a monthly or annual basis. Please state the income of **all persons** in the household.

	Applicant	Partner	Other
Wages (Net)			
Income from Other Charities (Please Name)			
Personal Pension			
State Retirement Pension			
Pension Credit			
Work Pension			
Attendance Allowance			
Disability Living Allowance – Care			
Disability Living Allowance – Mobility			
Personal Independence Payment			
Carers Allowance			
Child Benefit			
Child Tax Credit			
Child Maintenance Payments			
Family Member Contribution			
Council Tax Reduction			
Employment Support Allowance			
Housing Benefit			
Income Support			
Support for Mortgage			
Industrial Injuries Disability			
Jobseekers Allowance			
Statutory Maternity Pay			
Statutory Sick Pay			
Working Tax Credit			
Universal Credit			
Other State benefits (Please specify)			
Any Other Income (Please specify)			

Are you awaiting the outcome of any State Benefit applications? Yes/No If yes, which ones

Do you have a current Social Fund Loan? Yes/No

If yes, is this being deducted from your benefits? Yes/No

5. Outgoings

If you are unable to provide weekly figures, please indicate whether amounts stated are on a monthly or on an annual basis.

Expenditure		Amount		
		Weekly	Monthly	Yearly
Car	Insurance			
	MOT			
	Petrol Costs			
	Car Tax			
Child/ren costs	Child Maintenance			
	Childcare Costs			
	School Costs (trips, uniform etc)			
	School Fees			
Communications	Broadband			
	Landline			
	Mobile Phones			
	Satellite/Sky			
	TV License			
Health Costs	Care Services/Meals on Wheels			
	Chiropodist			
	Medical Equipment			
	Opticians			
	Other Health Costs			
	Prescriptions			
	Special Food Diets			
Services	Cleaner			
	Gardener			
	Hairdresser			
	Other Services Costs			
	Window Cleaner			
Household Costs	Food			
	Cleaning Materials			
	Toiletries			
Housing Costs	Rent/Mortgage			
	Council Tax (after reduction)			
	Ground Rent			
	Service Charge			
Insurances	Buildings Insurance			
	Health Insurance			
	House Contents Insurance			
	Life Insurance			
	Pet Insurance			
	Totals Carried Fwd			

5. Outgoings (Cont.)

Expenditure		Amount		
		Weekly	Monthly	Yearly
Totals Carried Fwd				
Utilities	Coal			
	Electricity			
	Gas			
	Oil			
	Water			
Other Expenditure				
Total Expenditure				

6. Capital / Investments

How much money do you and your partner have in:

BANK/CURRENT ACCOUNT	£	SAVINGS ACCOUNTS	£
BUILDING SOCIETY	£	PREMIUM BONDS	£
BONDS	£	STOCKS/SHARES (current value)	£
PEPS/TESSAS/ISAS	£	OTHER INVESTMENTS	£

7. Debts

Please include all debts except your mortgage, e.g. HP, loans, Social Fund, Arrears (such as credit cards, rent, Council Tax etc.).

Purpose of Loan / Type of arrears	Name of Lender/ Creditor	Date taken out/incurred	Original Amount (£)	Outstanding Amount (£)	Weekly repayment (£)

8. Accommodation

Do you own the property you live in? YES / NO

If yes, please indicate the type of property below:

House Bungalow Flat Other _____

Is it Jointly Owned:	Approximate Value:
Number of Bedrooms:	Amount of Mortgage:
Date of Purchase:	Remaining Length of Mortgage:

Do you live in Rented Accommodation? YES / NO

If yes, is it:

Council Owned Housing Association Private Landlord Other _____

Are you subject to Bedroom Tax? YES / NO

Do you live in Sheltered Accommodation? YES / NO

Do you live in Residential/Nursing Home? YES / NO

How many years have you lived in your present accommodation?

9. Employment record in the licensed drinks industry

Name of Pub/Company PubCo/Brewery/Landlord	Location (Town / Country)	Job Title	Full-Time or Part- Time?	From	To

Please enclose copies of any payslips, pension slips, letters or other documents that you have, as proof of having worked in the industry. If this is not possible, please provide the name and address of an employer who is able to confirm all or some of the time you have spent in the Licensed Trade, who we can contact if necessary, in the space provided.

Please continue on another sheet if there is not enough space. (*Indicate whether it was full-time or part-time work.*)

10. Employment in Other Industries (Including spouse/partner)

Please complete this section, as we may be able to suggest other relevant trade charities that can also help. Please indicate whether it is your partner's or your own work details in each case.

Type of Work/Industry	Job Role	Number of Years Worked

11. Armed Forces Service

Have you or your spouse/partner ever served in any of the HM Forces?
If yes, please supply the following information:

YES / NO

Branch:	Service Number:
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12. Other Charities

Have you contacted any other charities?
If yes, please indicate the name and response to date:

YES / NO

Charity	Response

14. Family Contribution

Are you or your family able to make a contribution?

YES/NO

If yes please state amount:

£ _____

15. How did you hear about us? (Please indicate below):

- | | | | |
|---|--------------------------|-----------------------------------|--------------------------|
| Licensed Trade Charity website | <input type="checkbox"/> | The Publican's Morning Advertiser | <input type="checkbox"/> |
| Other Trade Press/Magazine | <input type="checkbox"/> | Please state: | |
| Other Charity | <input type="checkbox"/> | Please state: | |
| Third Party ie Citizens Advice, Local Authority | <input type="checkbox"/> | Please state: | |
| Employer/Colleague/Friend | <input type="checkbox"/> | Other: | |

15. Ethnicity

Optional: If you would like to advise us of your ethnic origin it would assist us in developing our services.

Please indicate below which of the following ethnic/racial groups you feel that you or your family originate from?

- | | |
|---|--|
| <input type="checkbox"/> White – British | <input type="checkbox"/> Asian or Asian British – Any other Asian background |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> Black or Black British – African |
| <input type="checkbox"/> White – Any other white background | <input type="checkbox"/> Black or Black British – Caribbean |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Black or Black British – Any other Black background |
| <input type="checkbox"/> Mixed – White and Black African | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Mixed – Any other mixed background | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Asian or Asian British – Indian | |
| <input type="checkbox"/> Asian or Asian British – Pakistani | |

16. Data Protection

Please note that the Charity Services Volunteer will delete all data they hold once your case has been heard.

17. Declaration Statement

Please read this section carefully and tick the boxes next to each statement

- I/We the undersigned, declare that all the particulars 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 the Licensed Trade Charity.
- I/We will undertake to inform the Licensed Trade Charity of any changes in our circumstances that take place during the application process.
- I/We understand that the Licensed Trade Charity may confer with other charities/bodies regarding my/our application.
- I/We understand that the information on this form and supporting documents will be kept on a computer database as well as in a paper file. This will be for the duration of the grant and for 5 years afterwards, after which it will be anonymised. I consent to the collection, processing and dissemination of this information by the Licensed Trade Charity in line with the regulation laid down in the General Data Protection Regulations (GDPR) 2018.
You can also request a copy of our privacy policy and we would be happy to send it to you.
- I/We authorise the Licensed Trade Charity to approach other agencies, including the DWP, HMRC and other charities, on my behalf.

Applicant's Signature

Date.....

Spouse/Partner's Signature.....

Date.....