



THE BERKSHIRE NURSES & RELIEF IN SICKNESS TRUST

APPLICATION FOR FINANCIAL ASSISTANCE – January 2025

Surname		
Forename		
Address (including postcode)		
Telephone	Date Of Birth	
Marital status		
Accommodation (house, flat etc)		
Owner-occupied		

Application Referred By:		
Name		
Organisation		
Email		
Tel		
Address		

State of Health of the applicant (please also attach supporting documents):

Approximate grant required (please add quote if relevant and include any delivery/installation charges):	Purpose for which the grant is required
---	--



THE BERKSHIRE NURSES & RELIEF IN SICKNESS TRUST

APPLICATION FOR FINANCIAL ASSISTANCE – January 2025

Children (including adults) and dependents

Names	Age	Relationship to Applicant	Living at home or away	Employment or education	Monthly income (if at home)	Monthly payment to household

What is your monthly household income?	
Do you have savings? Please supply details.	
Do you have debts / hire purchase / credit agreements? Please supply details.	
Is the applicant in receipt of all applicable state benefits?	

Has any application been made to any other charity, trust or funding this matter? If so, please give details.

Signature of Applicant (required).....

Date

1 Please enclose the following when submitting the application form

- A supporting letter
- A quote breakdown or alternatively full details of product specifications and price
- Medical evidence
- Data Consent Form



APPLICATION FOR FINANCIAL ASSISTANCE – January 2025

- 2 All the pages of the application form must be completed in full. Particular attention should be paid to the applicant's financial circumstances. Incomplete or incorrectly completed application forms will not be considered by the trustees
- 3 Applications in excess of £600 are only considered at quarterly meetings. Applications should be received by 15th March, 15th June, 15th September, or 15th December. Smaller applications can be considered at any time.
- 4 Information supplied on this application form (and details of any grant awarded) may be shared with another charity, trust or fund to whom you have applied.
- 5 We use internet banking and will need details of the account to which any monies can be transferred.

CONSENT TO INFORMATION SHARING AND DATA PROTECTION

The Berkshire Nurses and Relief in Sickness Trust will hold successful applications for 18 months after they have been received. All medical information will be destroyed and no record of this will be kept on the database. All unsuccessful applications will be destroyed within a month of trustee consideration. We will hold a database record of all applicants' names and addresses, grant awarded (amount) or declined, for what goods, the organisation who made the application on your behalf for 5 years, so that if further applications are made in that time we are aware of your funding history with The Berkshire Nurses and Relief in Sickness Trust and to enable the trust to compile statistics relating to our grant-making.

Information regarding your application will be shared for the following purposes:

- To ensure that all those involved in the grant application process, including Trustees, Organisations applying on client's behalf, and other funders, are aware of funding offered and with what conditions.
- To facilitate administration of grants given

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 strictest confidence.

The Berkshire Nurses and Relief in Sickness Trust may have to share your information with other funders such as Reading Dispensary Trust if the application relates to a joint/conditional application. Please sign that you are happy for information to be shared with other charities or organisations you have applied to.

Signature

Date

Print Name

We also ask for your consent to share information with the organisation who has made the application on your behalf.



THE BERKSHIRE NURSES & RELIEF IN SICKNESS TRUST

APPLICATION FOR FINANCIAL ASSISTANCE – January 2025

You have a right to remove, delete or amend the data we hold about you at any time and can do this by contacting your Support Officer who will send your written request to the Trust's Honorary Secretary.

I hereby give consent for The Berkshire Nurses & Relief in Sickness Trust to share, store, and be given information by any relevant agencies involved in my grant application.

Signature

Date

Print Name