**Application for financial assistance**

**Persons eligible to apply for financial assistance:**

a) past and present members of the IMarEST and past and present members of the Guild of Benevolence;

b) marine engineers who possess or have possessed STCW Convention equivalent Management (M) or Operational (O) level Certificates of Competency issued by an IMO White List - recognised national maritime authority

c) any individual professionally engaged, now or in the past, in the marine sector as an engineer, scientist or technologist at a level eligible for IMarEST membership as a Fellow, Member or Associate.

d) the wives, husbands, widows, widowers, partners, children and/or dependants of any of the persons referred to in the preceding paragraphs of this Rule.

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| **1. Personal details** | |
| Surname: | First Names: |
| Address: | Date of Birth: |
|  | Occupation: |
|  | Married/Single/Widow/Widower/Partner/Separated |
| Post Code: | Telephone: |
|  | Email Address: |

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| **2. Next of kin** | **3. Dependents** |
| Name: | Number of Children: |
| Address: | Age(s): |
|  | Full-Time Education: YES / NO |
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| Telephone: | Spouse / Partner |

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| **4. Particulars of person on whom eligibility is based** | |
| Surname: | First Names: |
| Date of Birth: | Relationship to Applicant: |
| Date of Death - if applicable: | Cause of Death - if applicable: |
| Rank at end of Service: | Discharge Book Number: |
| Reason for Discharge: | Date of Discharge: |
| Service - Merchant Navy/Royal Navy/other please state – with dates: | |
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| **5. Other relevant information** |
| Name and Telephone number of carer or case worker if applicable: |
| If you are unemployed, please state:  a) Whether due to retirement, disability or other personal reason: ....................................................  b) Last employer: ................................................................................................  ...........................................................................................................................................................  c) Job title: ......................................................................................................  d) Date and reason for termination of last employment: .......................................................................  e) Previous positions held, with dates - if sea-going, give names of ships, owners, rank held, we require verification of sea service, please send copies from your Discharge Book and any Certificates of Competency. Use a separate sheet of paper if you need more space  ............................................................................................................................................................  ............................................................................................................................................................  ............................................................................................................................................................  ............................................................................................................................................................ |
| Has an application for financial assistance been made by you, or on your behalf, to any other Charity, organisation, society etc. YES / NO  If yes, please state particulars, including which organisation, and result if known:  ............................................................................................................................................................  ............................................................................................................................................................ |

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| **6. Income including spouse or partner** | **WEEKLY** |
| Earnings from employment - full or part-time | £ |
| State Retirement or Widows Pension - including Pension Credit | £ |
| Bereavement Allowance | £ |
| Pension from any other source e.g. previous employer(s) | £ |
| War Pension/Service Pension/Service Disablement Allowance | £ |
| Armed Forces Compensation Scheme | £ |
| Income Support Jobseekers Allowance | £ |
| Universal Credit | £ |
| Employment and Support Allowance | £ |
| Working Tax Credit | £ |
| Disability Living Allowance or Personal Independence Payment (PIP) | £ |
| Attendance Allowance | £ |
| Carer’s Allowance | £ |
| Statutory Sick Pay | £ |
| Incapacity Benefit | £ |
| Severe Disablement Allowance | £ |
| Industrial Injuries Disablement Benefit | £ |
| Child Tax Credit | £ |
| Child Benefit | £ |
| Widowed Parent’s Allowance | £ |
| Guardian’s Allowance | £ |
| Housing benefit | £ |
| Council Tax Benefit | £ |
| Care Home Funding | £ |
| Income from any property owned by you | £ |
| Interest, Dividends or any other annual payments received | £ |
| Contribution to household by family members’ if any | £ |
| Grants from any other charity, organisation or society | £ |
| Any other benefit received | £ |
|  | £ |
|  | £ |

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| **TOTAL ANNUAL INCOME - for office use only** | £ |

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| **7. Liabilities/Debt** |

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| **Loan** | **Credit card** | **Purchase date** | **Payment frequency** | **Amount borrowed** | **Amount outstanding** |
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| **8. Your expenditure** | **WEEKLY** | **ARREARS** |
| Mortgage repayments | £ | £ |
| Rent - less Housing benefit | £ | £ |
| Council Tax - less Council Tax benefit | £ | £ |
| Water and Sewerage | £ | £ |
| Heating & Lighting - fuel, gas, electricity | £ | £ |
| Insurance Premiums - life, house, contents, car etc | £ | £ |
| Credit card payments | £ | £ |
| Hire Purchase payments | £ | £ |
| Loan repayments | £ | £ |
| Care Home expenses | £ | £ |
| TV Licence and/or rental | £ | £ |
| Telephone | £ | £ |
| Housekeeping - food & household expenses | £ | £ |
| Clothing, shoes etc. | £ | £ |
| Travel - give details | £ | £ |
| Medical expenses - give details | £ | £ |
| Newspapers, magazines, books etc. | £ | £ |
| Other Expenses - give details | £ | £ |
|  | £ | £ |
|  | £ | £ |

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| **TOTAL ANNUAL EXPENDITURE - for office use only** | £ |

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| **9. Savings and capital** | |
| Cash in hand at Bank, Building Society or Post Office | £ |
| Cash on Deposit - National Savings, Bonds, and Shares etc | £ |
| Other Investments | £ |

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| **TOTAL SAVINGS & INVESTMENTS** **- for office use only** | £ |

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| **10. Important - Personal Summary** |
| **The information provided here will significantly help your application during the consideration process. Please tell us in your own words why you are seeking financial assistance:** |

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| **11. Declaration** |
| **To be completed by the applicant**  A black and white logo  Description automatically generated  I declare that the information I have given is correct.  I agree that the details on this form may be passed in confidence to other agencies and charities.  I accept that if a regular grant is awarded it will be subject to an annual review.    Applicant’s signature: ...................................................................... Date :....................................... |

PLEASE ENSURE THAT YOU HAVE PROVIDED ALL THE INFORMATION REQUESTED.

**IMPORTANT**

If you have any difficulties with any of the questions shown on the form, please contact the Guild of Benevolence on 020 7382 2644 or email guild@imarest.org

**FOR OFFICE USE ONLY**

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| Date received: | Committee date: | Minute no: |

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| Other Funds approached: |
| Committee Decision: |
| Date grant commenced or payment made: |