

**SCOTTISH BUILDING FEDERATION
EDINBURGH AND DISTRICT
CHARITABLE TRUST**

Scottish Charity Number: SC029604

The Trust provides financial support to persons in reduced circumstances who are or have been involved with the building trade in Edinburgh and the Lothians, and also to spouses, children or other dependant relatives of qualifying beneficiaries.

APPLICATION FORM

All questions must be answered in full

FULL NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>
FULL ADDRESS	<input type="text"/>
POST CODE	<input type="text"/>
YEARS AT THIS ADDRESS	<input type="text"/>
PHONE NUMBER	<input type="text"/>
EMAIL	<input type="text"/>

To be returned to: **AZETS
EXCHANGE PLACE 3
SEMPLE STREET
EDINBURGH EH3 8BL**

Telephone No: (0131) 473 3500
SM-Charity@azets.co.uk

Privacy notice

We will only collect personal data that is necessary for us to assess and award grants. We may share personal data with third parties, such as medical advisors, in order to fully assess applications.

The lawful basis under which we collect personal data is performance of a contract.

We retain the personal data processed by us for as long as is considered necessary for the purpose for which it was collected (including as required by applicable law or regulation). Our standard retention period for successful applications is seven years. Unsuccessful applications will be destroyed after notifying applicants.

PLEASE USE **BLACK BALLPOINT** IF HAND WRITTEN

Please complete sections 1 and 2, or sections 1 and 3 as applicable, before moving on to section 4.

1.

QUESTIONS	ANSWERS
Current Employment Location/Site Address	
Name & Address of Current Employer	
Job Title/Trade	

2. **PREVIOUS EMPLOYMENT – Where the applicant has been employed in the building industry**

Last job (title)	
Name and address of last employer	
Years worked in that job	
Locations/sites	
Date last worked	
Reasons for ceasing to work	

3. **CONNECTED RELATIVES - If the applicant has not worked in the building trade but has had connection with the building trade in Edinburgh and the Lothians through a relative or is or was otherwise a dependant of an employee in the building trade in Edinburgh and the Lothians.**

Name of relative	
Nature of relationship/dependency	
Last employer of relative	
Last job held	
Number of years worked in that job	
Date last worked	
Reasons for ceasing to work	

4. Family

Particulars of Applicant's Partner and Family.

Christian Names	Date of Birth	Living at Home or Away	Relationship to Applicant	Employed or at School	Weekly Wages		Weekly Payment to Household	
					£	p	£	p

5. How did you find out about this Charitable Trust? Please provide full details

6. WEEKLY INCOME AND EXPENDITURE OF APPLICANT AND APPLICANT'S PARTNER

Weekly Expenses

Rent less rebate
(actual amount you pay)

Mortgage repayment
- weekly equivalent

Community
Charge/Council Tax
(amount you pay)

	£	p

Weekly Income

Wages/Salaries

Child Benefits

Working Tax Credit or
Child Tax Credit (state which)

Job Seekers Allowance or
Incapacity Benefit

Income Support/Pension
Credit

Pension Retirement

Pension Widows (War or NI)

Pension Occupation

Any other income

TOTAL:

	£	p

7. OTHER MEANS

<p>Has Applicant any savings or other means? (such as balances with bank and building society accounts, investments etc)</p> <p>If so, state details.</p>	
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8. PREVIOUS APPLICATION

<p>Has applicant applied before? If so, when, and are there any change in circumstances since previous application?</p>	
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9. OTHER RELEVANT INFORMATION

<p>Please use this space to include any other information relevant to the application which would assist us to assess the need for a grant.</p>	
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10.

<p>Please state how you think the Trust can best help you and provide any other relevant information.</p>	
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11.

<p>Please confirm you are willing to be contacted by email should we require confirmation of any of your answers.</p>	
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QUESTIONS	ANSWERS
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12. HEALTH QUESTIONS

What is the Diagnosis (name) of your illness/disability?			
When did your illness/disability start?			
Because of your illness(es)/disability(ies) have you had to:		Month	Year
(a) See a specialist in hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
(b) Been admitted to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
(c) Have an operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
(d) What is your current state of health? Provide details	<input style="width: 100%; height: 40px;" type="text"/>		
How does your illness/disability affect your daily life?			
What is the name and address of your GP			
Telephone number			

THIS SECTION MUST BE COMPLETED

13. DECLARATION

I confirm that the information given above is correct to the best of my knowledge and I agree that the Trust may make such enquiries as are necessary. I understand that the information on this form will be used to assist the Trust in proceeding with this application and I hereby give consent to its use for that purpose. In particular, I authorise my doctor(s) to give such information as may be requested by the Trust's Medical Advisor.

Signature of Applicant <input style="width: 90%; height: 30px;" type="text"/>	Date <input style="width: 90%; height: 30px;" type="text"/>
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