

Your Guidelines & Application Form



VERY IMPORTANT

Please ensure that you read the following Guidelines for Applicants carefully before completing the application form. Then you can either:

- Print this form and complete by hand, returning it and all the essential supporting documentation to – Cavell Nurses' Trust, Grosvenor House, Prospect Hill, Redditch B97 4DL
- Type up the form, save it and email it along with all the essential supporting documentation to **admin@cavellnursestrust.org**

If you would like us to post an application form to you with a pre-paid envelope, or discuss your circumstances with one of our Welfare team, please call us on **01527 595999** or email us at **admin@cavellnursestrust.org**

GUIDELINES FOR APPLICANTS

In order to be eligible for a grant from Cavell Nurses' Trust you must be:

- A registered nurse or midwife, or
- A retired nurse or midwife or a former nurse or midwife
- A health care assistant/nursing auxiliary providing nursing care in a hospital or nursing home under the supervision of a registered nurse, or
- A retired or former health care assistant/nursing auxiliary providing nursing care in a hospital or nursing home under the supervision of a registered nurse
- Currently living in the UK and have worked as a nurse, midwife or health care assistant in the UK
- Be in financial hardship
- All applicants should have less than £4,000.00 in household savings including money in savings and current accounts

If you have been suspended or removed from the NMC register, please contact a member of our welfare team on 01527 595999 or admin@cavellnursestrust.org before completing our application form.

Cavell Nurses' Trust are unable to consider grant applications from applicants if the applicant or their partner owns a second property. The Royal College of Midwives Benevolent Fund is only able to assist student midwives in unanticipated and exceptional circumstances.

If you are not sure if you are eligible, please telephone us on **01527 595999** or email us at **admin@cavellnursestrust.org**

ESSENTIAL SUPPORTING DOCUMENTS

- **Evidence of employment:** Former nurses and midwives who are no longer on the NMC register, and all healthcare assistants, will need to provide evidence of employment such as a copy wage slip or email/letter from their employer.
 - **Copy bank statements:** these should cover the last 2 full months (showing all transactions) for accounts that you and your partner hold.
 - **Benefits:** If you are currently not working, please provide a copy of your Universal Credit breakdown.
 - **Quotes/estimates:** if your application is for specific items such as mobility aids or equipment, please provide a written quotation.
- Please note:** We require all of these supporting documents in order to process your application.

HOW WE CAN HELP

We can provide assistance with:

- Short term financial emergencies
- Essential white goods
- Travelling expenses in attending for medical treatment
- Mobility aids (if recommended by a medical professional)
- Home adaptations due to disability (you must have applied for a Disabled Facilities Grant and have a recent occupational therapist's report recommending the adaptations)
- Essential home repairs (where there is a risk to the health and safety of the occupants)
- Rent deposits and arrears
- Bankruptcy and Debt Relief Order (DRO) fees (when bankruptcy/DRO has been recommended by a specialist debt advisor)
- Removal costs

We are unable to provide assistance with:

- Debts
- Holidays
- Private medical treatment
- Private education fees
- Nursing home fees
- Educational grants, university and college study fees or course costs
- Legal fees
- Car purchase

For items not listed, please call us on **01527 595999** or email **admin@cavellnursestrust.org**

WHAT NEXT?

Complete the application form below, either by hand or typing into the document. Email the form and essential supporting documents to **admin@cavellnursestrust.org** or by post to Cavell Nurses' Trust, Grosvenor House, Prospect Hill, Redditch, Worcestershire, B97 4DL.

If you would like us to post an application form to you with a pre-paid envelope, please call us on **01527 595999** or email us at **admin@cavellnursestrust.org**.

Please note: Processing an application will take on average 10-15 working days from the date we receive all necessary information.

We cannot process an application until we have received all the documents outlined in the section "Essential Supporting documents" above.

Whilst we consider all requests for help, there must be a priority need and applicants are not guaranteed assistance as cases are assessed on a case by case basis.

Application Form

STRICTLY PRIVATE & CONFIDENTIAL



PERSONAL DETAILS

Title: _____ First names: _____ Surname: _____

Date of birth: _____ Email: _____

Home telephone: _____ Mobile: _____

Address: _____

County: _____ Postcode: _____

Are you: Single Married/Civil Partner Living with a partner

Divorced/Separated Widowed

ADULTS (THOSE OVER 18) WHO LIVE IN YOUR HOUSEHOLD

Name	Date of Birth	Relationship	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN (18 OR UNDER) WHO LIVE IN YOUR HOUSEHOLD

Name	Date of Birth	Relationship	School/College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NURSE/MIDWIFERY TRAINING

Name of University	Dates from/to	Qualification
_____	_____	_____
_____	_____	_____

EMPLOYMENT

Name of Employer	Dates from/to	Position held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a current member of a Trade Union? If so, which one? _____

NMC Pin number _____ What was the date of your last employment? _____

Did you cease work due to: Retirement Ill health Other (please specify) _____

HEALTH CONDITIONS (please continue on another sheet or electronic document if necessary)

Please give details of any illness or disability affecting yourself or your family members which may be relevant to this application.

YOUR HOME

- Mortgaged/owned outright Monthly mortgage payment £ _____
- Rented (private or local authority) Monthly rental cost £ _____
- Living with family member Monthly contribution £ _____

CAPITAL AND SAVINGS

	You	Your partner/spouse
Total money in savings accounts, ISAs etc	£ _____	£ _____

DEBTS AND ARREARS

	Total amount owed	Monthly payments
Rent/mortgage arrears	£ _____	£ _____
All other debts (loans, credit cards etc)	£ _____	£ _____

NET HOUSEHOLD INCOME (AFTER TAX)

	You	Your Partner	Payment frequency
Net Salary/earnings	£ _____	£ _____	_____
Universal Credit	£ _____	£ _____	_____
Jobseekers Allowance	£ _____	£ _____	_____
Employment and Support Allowance	£ _____	£ _____	_____
Statutory Sick Pay	£ _____	£ _____	_____
Working Tax Credit	£ _____	£ _____	_____
Child Tax Credit	£ _____	£ _____	_____
Child Benefit	£ _____	£ _____	_____
Housing Benefit	£ _____	£ _____	_____
State Retirement Pension	£ _____	£ _____	_____
Occupational/private pension	£ _____	£ _____	_____
Pension Credit	£ _____	£ _____	_____
Personal Independence Payments	£ _____	£ _____	_____
Disability Living Allowance	£ _____	£ _____	_____
	Is this used for a mobility vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attendance Allowance	£ _____	£ _____	_____
Carers Allowance	£ _____	£ _____	_____
Student Loan/Grant	£ _____	£ _____	_____
Any other income	£ _____	£ _____	_____

Have you applied for, or received, a grant or award from any other charitable organisation in the last 12 months?

Name of organisation	Date of award	Amount of award
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____

REASON FOR APPLICATION Please explain what you need assistance with and why (please continue on another sheet or electronic document if necessary).

HOW DID YOU HEAR ABOUT CAVELL NURSES' TRUST?

Employer Colleague Poster/info at work Nursing Agency

If one of these, please state which hospital/place of work _____

Internet search Facebook/Twitter Advert/article Advice Agency (eg: CAB, Age UK)

DECLARATION: THE APPLICANT MUST SIGN THIS

I declare that the information contained in this application and supporting documentation is accurate and that I have given full disclosure of my financial situation. I agree that all of the information I have provided may be held in the manual and computer files of Cavell Nurses' Trust and may be shared with the Royal College of Midwives and with other nursing charities. I agree that Cavell Nurses' Trust may contact my housing provider and the person providing my letter of support in order to discuss this application. I understand that all information provided to Cavell Nurses' Trust will remain confidential and will be held in accordance with Data Protection legislation.

If discrepancies are identified through misrepresentations or by withholding information, we reserve the right to refuse the application and the individual may be prohibited from making further applications.

For further information on how your information is used, how we maintain the security of your information and your rights to access information we hold on you, please see the privacy notice on our website.

Please tick to say you agree to the above declaration.

Dated: _____ Signed: _____

Please note that we cannot process an application until we have received all the documents outlined in the section "Essential Supporting documents" above.

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Whilst we consider all requests for help, there must be a priority need and applicants are not guaranteed assistance as cases are assessed on a case by case basis. Once your application has been processed, you will be contacted by a member of the Welfare team. If you have any questions, please call our Welfare team on **01527 595999**.