



Looking after those who have worked in the trades covered by the following trade associations:

**National Association of Jewellers
British Travel Goods and Accessories Association
The Giftware Association
Jewellery Distributors' Association
Surface Engineering Association**

APPLICATION FORM

Name of Applicant:		
Partner's Name:		
Address:		
Post Code:		
Telephone number:		
Date of Birth	Partner's Date of Birth:	
Are You: Single / Married / Divorced /Widow / Widower		
Next of Kin (Other than spouse)		
Address:		
Tel:		
Employment History : (* Delete as applicable)	Of Me/*My Partner	
Employers:	Years Employed	Occupation
1.	FROM: TO:	
2.	FROM: TO:	
3.	FROM: TO:	
CASE REFERRED BY:		
ORGANISATION:		
REASON FOR REFERRAL		
OTHER CHARITIES/ORGANISATIONS APPROACHED:		
1.	2.	3.
NEXT OF KIN:		Tel:
Address		
PHYSICAL OR MENTAL DISABILITY – Please list	Have you any family or relatives? If so, could reasonably look to them for assistance? If so please give details:	
Applicants are advised that the function of the Benevolent Society is not to relieve the Department of Social Security, the Department of Work and Pensions or Local Authorities from any responsibility they may have to the applicant. The Trustees do not normally consider an application until after the case has been considered by the relevant Departments or Local Authority.		

MONTHLY INCOME		£
RETIREMENT PENSION		
PENSION CREDIT		
PRIVATE PENSIONS		
INCOME SUPPORT		
CARER'S ALLOWANCE (if received by applicant)		
MOBILITY ALLOWANCE		
DISABILITY LIVING ALLOWANCE		
SEVERE DISABLEMENT ALLOWANCE/INCAPACITY BENEFIT		
REGULAR CHARITABLE GRANTS – please list:		
INCOME FROM INVESTMENTS AND BANK DEPOSITS		
TOTAL:		£
		£
MONTHLY EXPENDITURE		
RENT – AMOUNT PAID (ie net of Housing Benefit)		
MORTGAGE (if applicable) – AMOUNT PAID		
MORTGAGE (if applicable) – AMOUNT OUTSTANDING £.....		---
COUNCIL TAX PAID (ie nett of any benefit)		
WATER RATES		
GAS		
ELECTRICITY		
TELEPHONE		
TV LICENCE		
TV RENTAL		
CAR - FUEL		
INSURANCES		Life Building Contents Endowment Car
HP/LOAN AND OTHER DEBTS (please list on reverse if necessary)	Amount Outstanding	
	Weekly payments →	
FOOD (please specify special diet)		
OTHER (please specify)		
TOTAL:		£
Excess Income/Deficit		£
IF YOU ARE A HOME OWNER, WHAT IS THE VALUE OF YOUR PROPERTY? IF NOT IS YOUR PROPERTY OWNED BY (A) PRIVATE LANDLORD (B) HOUSING ASSOCIATION (delete as applicable).		£
WHAT IS THE VALUE OF YOUR SAVINGS?		£
SIGNED PRINT NAME DATED		

Please return to: Mrs Laura Banner, Secretary, The Benevolent Society,
C/O 6 Eton Walk, Hagley, DY9 0PG
E-mail: laura.b.banner@gmail.com. Tel: 07985 611 209