

Young Singers' Welfare Foundation

Patrons: Sir Thomas Allen
Dame Felicity Lott
Barbara Bonney

8 Little Austins Road,
Farnham,
Surrey GU9 8JR

APPLICATION FORM

STRICTLY PRIVATE AND CONFIDENTIAL

Please:

- Complete every section.
- Write clearly in black ink and do not forget to sign the form.
- Return the completed form to the address above, including all relevant paperwork (CV, medical evidence to support your claim, proof of UK Residency).

PERSONAL DETAILS

Full name: _____

Professional name, if different: _____

If your application is successful which name should we use for payments to you

(i.e. which name does your bank know you by): _____

Address: _____

Phone no: _____

National Insurance No. _____

Date of birth: _____

Age at time of Application: _____

Marital Status: _____

Next of Kin (Name and Address)

Number of dependent family and their ages: _____

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If applicable, what is your partner's occupation and yearly net income:

CAREER DETAILS

Time in profession since leaving college: _____

Date of last engagement: _____

Forthcoming Engagements: _____

Any engagements (including details of fees) cancelled as a result of illness:

Please include a photocopy of any contracts that you have had to cancel because of your illness.

Please ensure you include a copy of a comprehensive C.V. in as much detail as possible.

INCOME FOR THE LAST YEAR

(Please state in each case whether the figure you give is for weekly, monthly or annual income.)

Total professional and other earnings: _____

Earnings from non-professional work: _____

State Benefits received: _____

Net income from investments/ stocks/ shares: _____

Net income from rented property: _____

Net income from interest payments (including banks and building societies):

Income received from relatives or family trusts: _____

Income tax refund: _____

Income from any other sources: _____

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Are you currently receiving help, or have you in the past received help, either in the form of one-off payments, regular allowances, or help with domestic bills, from any other charity?

Yes ___ No ___ If yes, please give details:

Are you applying to another charity at the same time as you are making this application?

Yes ___ No ___ If yes, please give details:

TOTAL INCOME £ _____

EXPENDITURE FOR THE LAST YEAR

Please state in each case whether the amount you show is for weekly, monthly or annual expenditure.

RENT

What is the rent per week/month? _____

What is the service charge? _____

How much does housing benefit pay towards this? _____

How much do you pay towards the rent? _____

Are you the tenant of a private landlord or the local authority? _____

MORTGAGE

What is the mortgage payment per month? _____

If you have a 2nd mortgage, how much is the repayment per month? _____

How much does income support cover? _____

How long does the mortgage have left to run? _____

Do you own any other property? If so what? _____

What are the service charges? _____

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COUNCIL TAX

How much is your monthly Council tax? _____

Do your benefits cover all your Council tax? Yes _____ No _____

If not, how much do you have to pay? _____

INSURANCE

Household and contents: _____

Buildings insurance: _____

Life insurance: _____

Private medical insurance: _____

DOMESTIC BILLS (monthly)

Electricity: _____

Gas: _____

Telephone: _____

Water: _____

Food bill: _____

Clothing: _____

Household expenses: _____

TV licence: _____

CAR COSTS

Car tax: _____

Car insurance: _____

Other car expenses: _____

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OTHER

Domestic help: _____

School fees: _____

Credit card/HP payments: _____

Childcare costs: _____

Any other expenditure:

TOTAL EXPENDITURE £ _____

STATEMENT OF CURRENT ASSETS

Bank account: _____

Building society account: _____

Post office savings account: _____

All other savings and investments including national savings, stock and shares, trusts etc:

Other assets, which produce income: _____

STATEMENT OF CURRENT DEBTS

Bank overdraft: _____

Mortgage arrears: _____

Rent arrears: _____

Credit card debts: _____

Domestic bills: _____

Other debts: _____

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MEDICAL EVIDENCE

IN ORDER TO ASSESS WHETHER YOUR APPLICATION FALLS WITHIN THE TERMS OF THE TRUST, THE YOUNG SINGERS' WELFARE FOUNDATION REQUIRES YOU TO PROVIDE A LETTER FROM EITHER YOUR GP OR YOUR CONSULTANT EXPLAINING THE CONDITION FROM WHICH YOU SUFFER AND HOW IT HAS AFFECTED/WILL AFFECT YOUR CAREER, PLUS ANY COSTS YOU WILL INCUR IF YOU ARE BEING TREATED PRIVATELY.

Please state the total amount you wish to claim and whether you are claiming for loss of earnings and/or for some or all of your medical costs to be covered:

If you have been receiving private medical treatment, please explain why you were unable to obtain your treatment under the NHS:

IF MEDICAL TREATMENT, please outline the potential costs involved in your treatment and include any invoices:

PROOF OF UK RESIDENCY

It is a condition of the terms of the Trust that you must be permanently resident in the UK. You must provide proof of this with this application form, either a copy of your passport or a copy of your visa.

HAVE YOU APPLIED TO THE SINGERS' WELFARE FOUNDATION BEFORE?

If so, please give details: _____

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DATA PROTECTION ACT

I understand that the Singers' Welfare Foundation holds personal data and information about me in either written or computerised form. I also understand from time to time the Singers' Welfare Foundation may be required to process this data in order to carry out its functions effectively and efficiently.

I therefore give my consent to the Singers' Welfare Foundation to process this information for the purposes of:

- my application being considered by the Trustees
- the Trustees sending my details to other charities who may be able to assist me
- the Trustees providing me with continuing support

PLEASE NOTE:

The Young Singers' Welfare Foundation will only process data for the purposes set out above and will not process information to any third party (for example the Benefit Agency) for reasons other than those described above without your consent. You should also note that if at any time you wish to withdraw your consent, you may do so by writing to the Trust informing me that such consent has been withdrawn.

I agree that the Young Singers' Welfare Foundation may approach another benevolent funds or charities if it appears reasonable that I may be eligible for assistance from them.

I confirm that:

1. The particulars that I have given on this application from are to the best of my knowledge true.
2. If my circumstances should change materially for the better, or if any other organisation shall give me additional assistance, I will immediately inform the Young Singers' Welfare Foundation. I accept that the Young Singers' Welfare Foundation reserve the right to withdraw any award made in whole or in part, and be reimbursed in full, should information come to light that materially contradicts the application I have made or if it is discovered that any award granted to me has been used for purposes other than for which it was given.

Signature _____ Date _____