**SCOTTISH BUILDING FEDERATION**

 **EDINBURGH AND DISTRICT**

 **CHARITABLE TRUST**

**Scottish Charity Number: SC029604**

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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 ................................................................................…………………………....................

FULL ADDRESS ............................................................................................…………………………..

................................................................................................................…………………………….....

POST CODE ..................................................................................................…………………………...

HOW LONG RESIDENT AT THIS ADDRESS .......................................................………………………

TELEPHONE NUMBER ....................................................................................………………………...

EMAIL ………………………………………………………………………………………………………………….

DATE OF BIRTH ……………………………………………………………………………………………………..

|  |  |
| --- | --- |
| **To be returned to:** | AzetsQuay 2139 FountainbridgeEdinburghEH3 9QGTelephone No: (0131) 473-3500SM-Charity@azets.co.uk |

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| **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

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

|  |  |  |
| --- | --- | --- |
| **1.** |  **QUESTIONS** |  **ANSWERS** |
|  | Current EmploymentLocation/Site Address |  |
|  | Name & Address of Current Employer |  |
|  | Job Title/Trade |  |

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| **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 |  |

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| **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 |  |

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| **4.** | **Family**Particulars of Applicant’s Partner and Family. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **First** **Names** |  **Date of** **Birth** |  **Living at** **Home or** **Away** | **Relationship****to****Applicant** |  **Employed** **or at** **School** |  **Weekly** **Wages** |  **Weekly** **Payment to** **Household** |
|  |  **£** |  **p** |  **£** |  **p** |
|  |  |  |  |  |  |  |  |  |
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| **5.** | **How did you find out about this Charitable Trust? Please provide full details** …………………………………………………………………………………………………………………………………… |

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| **6.** | **MONTHLY HOUSEHOLD INCOME AND EXPENDITURE OF APPLICANT** |
|  | **Monthly Expenses** |  £ |  p |  | **Monthly Income** |  £ |  p |
|  | Rent / Mortgage |  |  |  | Net Take Home Pay |  |  |
|  | Council Tax |  |  |  | Benefit Income |  |  |
|  | Utilities: Gas / Electricity |  |  |  | Pension Income |  |  |
|  | Food / Consumables |  |  |  | Any other income |  |  |
|  | Other |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  | **TOTAL** |  |  |  | **TOTAL** |  |  |
|  |  |  |  |  |  |  |  |

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| --- | --- | --- |
| **7.** | **OTHER MEANS** |  |
|  | Has Applicant any savings or other means? (such as balances with bank and building society accounts, investments etc)If so, state details. |  |
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| **8.** | **PREVIOUS APPLICATION** |
|  | Has applicant applied before? If so, when, and are there any change in circumstances since previous application? |  |
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| **9.** | **OTHER RELEVANT INFORMATION** |  |
|  | Please use this space to include any other information relevant to the application which would assist us to assess the need for a grant. |  |

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| **10.** |  |
|  | Please state how you think the Trust can best help you and provide any other relevant information. |  |

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| **11.** |  |
|  | Please confirm you are willing to be contacted by email should we require confirmation of any of your answers. |  |

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|  |  **QUESTIONS** |  **ANSWERS** |
| **12.** | HEALTH QUESTIONS |  |  |
|  | What is the Diagnosis (name) of your illness/disability? |  |
|  | When did your illness/disabilitystart? |  |
|  | Because of your illness(es)/disability(ies) have you had to:1. See a specialist in hospital?
2. Been admitted to hospital?
3. Have an operation?

(d) What is your current state of health? Provide details | Yes/No (delete as appropriate)Yes/NoYes/No | Month | Year |
|  | How does your illness/disability affect your daily life? |  |
|  | What is the name and address of your GPTelephone number |  |

**13.BANK DETAILS**

 Your payment will be transferred directly to your bank account. Please provide your bank details:

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Name of Bank: |  |  |
| Account Number: |  |  |
| Sort Code: |  |  |

**\* It is your responsibility to provide correct bank details. The Trust takes no responsibility for funds not received due to an error in information provided**

**THIS SECTION MUST BE COMPLETED**

|  |  |  |
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| **14.** | **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 .............................................. Date ............................. |