

Welcome to the Junius S Morgan Benevolent Fund Application Form

Are you filling in this form on your own behalf or on behalf of someone else with their permission?

I am filling in the form myself

I am filling in the form for someone else with their permission

If you are filling in the form for someone else, please tell us your name, phone number and email address in case we need to contact you about the applicant:

First Name Last Name

Phone Email

Please note: Regardless of whether you are the applicant or filling in this form on their behalf you will need to provide a letter of support from someone in a professional capacity in support of the application. This could be a GP, Health Visitor, Housing agency worker, CAB worker, Social Worker or any person acting in a professional capacity. (The letter of support could be from you if you are filling in this form in a professional capacity for the applicant.)

Personal Details

Title

First Name

Last Name

Street Address

.....

Town

Post Code

Phone

Email

N.I. Number

Date of Birth

Disability

Do you have a disability? No Yes

If you have a disability, please explain

Nursing Qualifications / Health Care Assistant Experience

Please tell us about your nursing / health care assistant qualifications and your nursing / health care assistant job experience: please note you may be required to provide evidence.

Qualifications				
From	To	Registration / Enrolment No.	Description	Date Obtained

Date of Employment			
From	To	Position Held	Name of Employer

Accommodation

Please tell us about where you live, who you live with and whether you own or rent the accommodation

Health

Please give a brief statement of your health (a medical statement/certificate may be required)

If you are in receipt of social security benefit, please give the name of the person and address of the office dealing with your case

Finances

Please tell us about your finances. We need to know how much money is in your current account and any savings and investments you have

If you are successful please indicate below the bank account you would like the grant paid to

Bank Sort Code:
Bank Account Number:

Please tell us about any family / dependents at home OR contributing to household costs

Have you applied to any other charities? No Yes

Please give us the details

Funding Request

Please tell us **why you need a grant from us**, explaining about your hardship situation and providing full details of your monthly income and expenditure



Letter of Support and Bank Statements

In support of your application we require you to photocopy and enclose the following:

- A letter of support from someone acting in a professional capacity (for example your GP, Health Visitor, Housing agency worker, CAB worker, Social Worker etc...)
- Photocopies of your last three months most recent bank statements
- If you have a savings account a scanned copy of your most recent statement

Please see the separate guidance material on our website for details about what the supporting letter should include.

Please post this application form and photocopied documents to:

The Administrator
The Junius S Morgan Benevolent Fund
8 Finsbury Circus
London EC2M 7AZ

I have enclosed the following:

Letter of support:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Bank Statement 1:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Bank Statement 2 (if applicable):	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Bank Statement 3 (if applicable):	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Savings Account statement:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Data Protection

Rathbone Trust Company Limited, as Administrators of the Junius S Morgan Benevolent Fund for Nurses, will use your information for the purpose of processing your application which includes the taking up of personal references.

In order to assess your application we need to obtain details of your state of health. Please note that neither this, nor any of the other confidential information that you give will be divulged to your referee or to any other person without your authority.

To confirm your consent to us processing details of the state of your health please sign below

Name Position
Date Signature

- I hereby certify that the information contained within this document is a true record of my current situation.
- I understand that all information provided by yourself for someone acting on your behalf will form a manual and computer file, both of which are registered under the Data protection Act.
- I understand that The Junius S Morgan Benevolent Fund may contact the Benefits Agency to confirm information stated on this form.
- I authorise you to supply details of this application to any other charity for the purpose of assisting you with my application.
- I agree to give you all reasonable assistance, particularly in obtaining medical and financial reports if they are needed.

Please Note: You have a right to ask for a copy of your information held by us in our records, however a small fee will be charged for this. You also have the right to required us to correct any inaccuracies in your data.

To confirm your consent to us holding details of the of the information held in this document please sign below

Name
Date Signature

Ethnic Origin Monitoring Questionnaire

In order to ensure that the Junius S Morgan Benevolent Fund is meeting needs of all section of the nursing and care communities equitably it monitors applications received. The information provided will be treated as strictly confidential and will be used anonymously for statistical purposes only. Completion of this form is strictly voluntary and if you choose not to do so it will not prejudice your application. However we would be grateful for your help.

I would describe my ethnic origin as *(please tick one box with which you most identify)*

- White – British
- White – Irish
- White – Any other background

- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Mixed – Any other mixed background

- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Asian or Asian British – Any other Asian background

- Black or Black British – Caribbean
- Black or Black British – African
- Black or Black British – Any other Black background

- Other Ethnic Group – please specify

Name (optional)

Date:

Thank you very much for your help in completing this questionnaire.