

IN CONFIDENCE WHEN COMPLETED



# MERCHANT NAVY WELFARE BOARD



Please return to:  
30 Palmerston Road  
Southampton  
SO14 1LL



# MERCHANT NAVY WELFARE BOARD

## Preliminary Application for Assistance Form

All sections must be completed before application can be processed

| 1. Applicant Details                            |  |  |   |  |
|---|--|--|---|--|
| Surname   |  |  | Forenames   |  |
| Address   |  |  | NI Number   |  |
|   |  |  | Date of Birth   |  |
|   |  |  | *Place of Birth   |  |
| Postcode  |  |  | *Religion   |  |
| Phone   |  |  | Single/married/divorced/widowed/partner   |  |
| Length of time at this address                  |  |  | Date of marriage/partnership (if applicable)  |  |
| Accommodation type (house, flat, etc)           |  |  | Date spouse/partner died (if applicable)  |  |
| Owner-occupied/rented/leased                    |  |  | Relationship to person in section 4   |  |
| Previous address if changed within last 3 years |  |  | *Note:<br>some charities give only to people born in a certain place;<br>others give specifically to people of a certain religion |  |

| 2. Particulars of spouse/partner         |  |  |                 |  |
|--|--|--|-----------------|--|
| Surname                                  |  |  | Forenames       |  |
| Address<br>(if different from applicant) |  |  | NI Number       |  |
|  |  |  | Date of Birth   |  |
|  |  |  | *Place of Birth |  |
| Telephone                                |  |  | *Religion       |  |
| Reason for separate address              |  |  |                 |  |

| 3. Particulars of all dependents |     |                        |                           |   |
|----------------------------------|-----|------------------------|---------------------------|---|
| Name                             | Age | Living at home or away | Relationship to applicant | Employed/unemployed or at school/university |
|                                  |     |                        |                           |   |
|                                  |     |                        |                           |   |
|                                  |     |                        |                           |   |
|                                  |     |                        |                           |   |
|                                  |     |                        |                           |   |





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|   |          |
|---|----------|
| <b>8. Savings and capital</b>   | <b>£</b> |
| Applicant's and spouse/partners total savings (incl capital, investments, building society, bank) |          |

|  |  |
|--|--|
| <b>9. State Benefits</b>   |  |
| Is the Applicant in receipt of Housing Benefit                         |  |
| Is the Applicant in receipt of Council Tax Benefit                     |  |
| Are enquiries about other benefits being made? If YES, which benefits? |  |

| <b>10. Liabilities/debts</b> (incl secured loans, unsecured loans, HP, trading agreements, loans from family members) |                  |                    |                    |                              |                    |
|---|------------------|--------------------|--------------------|------------------------------|--------------------|
| Creditors   | Date of purchase | Amount of contract | Weekly instalments | Total arrears of instalments | Amount outstanding |
|   |                  |                    |                    |                              |                    |
|   |                  |                    |                    |                              |                    |
|   |                  |                    |                    |                              |                    |
|   |                  |                    |                    |                              |                    |

| <b>11. Previous assistance</b> (from all sources) |        |      |                      |
|---|--------|------|----------------------|
| Date  | Amount | Fund | Nature of assistance |
|   |        |      |                      |
|   |        |      |                      |
|   |        |      |                      |
|   |        |      |                      |

| <b>12. Assistance required</b>   |                |   |
|--|----------------|---|
| Do you require regular financial support?  |                | Yes/No                                      |
| Are you looking for a grant for a specific purpose? (If yes, please specify below) |                | Yes/No                                      |
| Type of Assistance   | Estimated Cost | Contribution from client and family members |
|  |                |   |
|  |                |   |
|  |                |   |

| <b>13. Other funds approached</b> (Local, national, occupational etc., with amounts requested/promised/received, if known) |  |
|--|--|
| 1.   |  |
| 2.   |  |
| 3.   |  |

|  |      |
|--|------|
| <b>Declaration</b>   |      |
| I declare that the information I have given in Sections 1-11 is, to the best of my knowledge, correct.   |      |
| I understand that the information I have provided will be used to process this application for assistance.   |      |
| I agree that the details on this form may be passed in confidence to other agencies, including the Benefits Agency and other charities, in the course of this application. |      |
| I authorise the Merchant Navy Welfare Board to approach other agencies, including the Benefits Agency and other charities on my behalf                                     |      |
| Signature of applicant   | Date |
| Signature of applicant's spouse/partner  | Date |

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*For use by independent Caseworker (if applicable)*

**14. Caseworker's Report and Recommendations**

*Caseworkers are reminded of their responsibilities with regard to the Data Protection Act 1998. A copy of 'Notes for Clients' or equivalent Fair Processing Notice should be left with the applicant.*

|   | AMOUNT REQUIRED | £ |
|---|-----------------|---|
|  |                 |   |
| <i>(continue on a separate sheet if necessary)</i>                                  |                 |   |

|  |                                   |
|--|-----------------------------------|
| Signature of caseworker  | Date                              |
| Name Block Capitals  | Office held                       |
| Title <i>(for correspondence)</i>                                |                                   |
| Postal Address   | Branch/Division/Service Committee |
|  | Flagbook no/Branch no             |
|  | Telephone                         |
|  | Fax                               |
|  | Email                             |
| Cheques should be made payable to: ..... (a/c name) and sent to: |                                   |