



## **APPLICATION FORM**

The object of Sweet Charity is to provide care, benefits and friendship to those in need who have worked in the chocolate and sugar confectionery industry, - in manufacturing, retailing or wholesaling. Help may also be extended to partners or dependants of the employee.

### **PERSONAL DETAILS**

Mr/Mrs/Miss/Ms\*                      married/single/widowed/divorced\* (delete as applicable)

Surname of Beneficiary \_\_\_\_\_

Forenames \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ National Insurance No. \_\_\_\_\_

Name of Partner \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_ National Insurance No. \_\_\_\_\_

### **PLEASE GIVE THE FOLLOWING DETAILS OF YOUR CONFECTIONERY EMPLOYMENT:**

(NB Applicants may be required to produce evidence of their confectionery service)

Confectionery Employer(s): \_\_\_\_\_

Location of employment: \_\_\_\_\_

My job was: \_\_\_\_\_ Total number of years worked: \_\_\_\_\_

Approximate dates: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Sweet Charity • 19-20 Hatton Place • London EC1N 8RU**

**Tel: 020 7404 5222 • Fax: 020 7404 5221 • [info@sweetcharity.net](mailto:info@sweetcharity.net) • [www.sweetcharity.net](http://www.sweetcharity.net)**

Sweet Charity is the working name of The Confectioners Benevolent Fund

A charity registered in England & Wales (No. 1109578) and Scotland (No. SC038665) Company Registration (No. 5425493)

To ensure that we do not affect any State Benefits you may already receive, or wish to apply for in the future, we need to ask the following questions. Please answer as fully as possible.

### WEEKLY INCOME AMOUNTS

	SELF	PARTNER
Retirement Pension	£	£
Pension Credit: Guarantee Credit	£	£
Pension Credit: Savings Credit	£	£
Occupational/Personal Pension	£	£
Incapacity Benefit/SDA	£	£
Income Support	£	£
Carers Allowance	£	£
Earnings from current employment (after tax etc)	£	£
Tax Credits	£	£
Child Benefit	£	£
Any other income	£	£
<b>TOTAL</b>	£	£
<b>JOINT TOTAL</b>	£	
Attendance Allowance		
Disability Living Allowance	Care :	
	Mobility :	

### SAVINGS

Please state whether you have the following kinds of savings and if so give the amounts for yourself and your partner.

	SELF		PARTNER	
	Yes/No	Amount	Yes/No	Amount
Bank Account		£		£
Building Society		£		£
Post Office Account		£		£
Premium Bonds		£		£
Savings Certificates		£		£
Stocks & Shares		£		£
Investments e.g. ISAs		£		£
Other Savings		£		£
<b>SUBTOTAL</b>	£		£	
<b>TOTAL JOINT SAVINGS</b>	£			

### INSURANCE

Do you have:

<b>buildings insurance</b>	Yes/No	<b>contents insurance</b>	Yes/No	<b>life insurance</b>	Yes/No
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## **HOUSING**

**Do you rent your home? Yes/No**      **Do you rent from the Council? Yes/No**

How much do you pay weekly towards your rent?	£
Do you receive Housing Benefit?	

**Do you own your home? Yes/No**

Freehold/leasehold (delete as applicable)	
Annual ground rent payable (if applicable)	£
Do you have a mortgage?	Yes/No
How much is your monthly mortgage payment?	£
How much (if any) Income Support do you receive towards this?	£

**Do you live in sheltered housing? Yes/No**

**Do you live in a residential/nursing home? Yes/No**

## **COUNCIL TAX**

How much do you pay weekly towards Council Tax?	£
Do you receive Council Tax Benefit?	

**Do you have any other people living with you? Yes/No**

Name	Relationship	Employed? Yes/No	Weekly contribution to housekeeping
			£
			£
			£

**Have you any debts? Yes/No**

If yes please give details.

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**Have you or your partner any disability or ongoing health problems? Yes/No**

If yes please give details.

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**Have you any care costs because of your disability? Yes/No**

(e.g. Lifeline, homecare, cleaning, day care, transport, etc.) If yes please give details.

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**Are you receiving or have you received help from any other charities? Yes/No**

If yes please give details.

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**OTHER EMPLOYMENT**

Please give as much employment history as possible in case we have to approach other trade funds/charities on your behalf.

**SELF**

<b>Job title</b>	<b>Company</b>	<b>Dates from/to</b>	<b>No. of years</b>

**PARTNER**

<b>Job title</b>	<b>Company</b>	<b>Dates from/to</b>	<b>No. of years</b>

**Were you or your partner in the Forces? Yes/No**

If yes please give details (together with approximate dates).

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**What would you like Sweet Charity to help you with?**

\_\_\_\_\_

**Emergency Contact Details**

**Name** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**STATEMENT**

I certify that all the statements I have made in this form are true. I have declared any applications made to other charities. I undertake to inform you of any changes in my circumstances. I realise that I shall be liable to prosecution if I have wilfully stated anything that I know to be false, or do not believe to be true.

I understand that this information may be shared with other charities who have assisted me or charities that may be able to assist me.



I understand that the above information will be held on a computer database and I consent to the collection, processing and dissemination of this information by Sweet Charity in line with the regulations laid down by the Data Protection Act 1998.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**THIS SECTION IS FOR OFFICE USE ONLY**

**OTHER ORGANISATIONS THAT MIGHT BE ABLE TO HELP**

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**WELFARE OFFICER:**.....

**DATE:** .....