



PRIVATE AND CONFIDENTIAL WHEN COMPLETED
THE AIR PILOTS BENEVOLENT FUND

Registered Charity 212952

APPLICATION FOR FINANCIAL ASSISTANCE - FORM A

(To be completed by Helper/Representative except at Paragraph 12)
(All sections must be completed. Use N/A or Nil where appropriate. * Delete as appropriate)

1. PARTICULARS OF APPLICANT:

Full name: Nat. Ins No. [grid]

Marital Status: Single/Married/Widowed/Separated/Divorced* Date of Birth: / /

Full Home Address: Post Code:

Type of accommodation: (House, flat, furnished rooms etc Tel No:

Tenure: (Owner occupier, Council, Private tenancy etc)

Previous address and tenure if recently changed: Relationship to person at para 2

2. PARTICULARS OF PERSON ON WHOM ELIGIBILITY IS BASED (If insufficient space continue on separate sheet)

Full name: Nat. Ins No. [grid]

Date of Birth: / / Company Member: Yes /No/Former* If Yes: Freeman/ Upper Freeman/ Liveryman*

FLYING EMPLOYMENT (If civilian, state company. If military, state Navy / Army (Rgt) / RAF and give service number)

Table with 6 columns: Employer, Rank, Service number (If applicable), From (date), To (date), Receiving Pension? Y/N

If disabled, state disability: In receipt of disability pension YES/NO*

If War Disability Pensioner state: Pensionable disability: Percentage: %

If deceased: Date of death: / / Cause of death:

3. DETAILS OF SPOUSE/PARTNER OF ELIGIBLE PERSON

Full name: Nat. Ins No. [grid]

Date of Birth: / / Date of Marriage: / /

Maiden name: (If appropriate) If deceased, date and cause of death: / /

If Spouse/Partner served in Civil Aviation or Armed Forces please state:

Civil Aviation Employment: From: To:

Service Employment: From: To:

HAVE YOU VERIFIED THE EMPLOYMENT? YES/NO AND/OR SERVICE PARTICULARS? YES/NO

IF YES, BY WHAT MEANS?

7. HIRE PURCHASE

Article/Creditor	Date of Purchase	Amount of Contract	Monthly/weekly instalments	Instalment Arrears	Amount Outstanding
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£

8. OTHER DEBTS, INCLUDING SOCIAL FUND LOANS

Description	Amount of Loan	Monthly/Weekly Repayments	Arrears	Amount Outstanding
	£	£	£	£
	£	£	£	£
	£	£	£	£
	£	£	£	£

9a. EMPLOYMENT DETAILS OF PERSON ON WHOM ELIGIBILITY IS BASED (To be completed in all cases):

Name and address of present or last employer: _____

Nature of Employment _____

If employment ceased, give reason: _____ Date: ____/____/____

Other previous types of employment: _____

If temporarily unfit, is job open to return? YES / NO

9b. DETAILS OF EMPLOYMENT OF APPLICANT IF DIFFERENT FROM ABOVE:

Name and address of present or last employer: _____

Nature of Employment: _____

If employment ceased, give reason: _____ Date: ____/____/____

Other previous types of employment: _____

If temporarily unfit, is job open to return? YES / NO

10. ASSISTANCE REQUESTED

11. PREVIOUS ASSISTANCE

Date	Amount	Fund	Nature of Assistance

12. CERTIFICATE (To be read out to the applicant)

In order to process your application certain details that you have provided may be disclosed to various organisations including the DSS and medical services. Additionally we may disclose your details to other charities and similar organisations to obtain possible additional funding for your application. Where any person upon whom your eligibility is based is currently resident abroad it may be necessary to send your details to that country for verification. By signing below you are indicating your consent to these uses of your personal details.

I certify that, to the best of my knowledge, the information supplied in paragraphs 1 to 11 of this form is correct. I agree that employers, or former employers, may be approached to provide further details and that other charities and agencies may be consulted in confidence on matters relevant to this application.

Date: ____ / ____ / ____ Signature of Applicant _____
(and/or spouse)

13. REPRESENTATIVE'S REPORT AND RECOMMENDATION

(Please attach estimates and accounts when applicable. For disabled applicants and their spouse/partners give full details of the disability).

Has an approach been made to the DSS or any other fund or charity in respect of this application: YES / NO
If yes, include details:

Continued on ____ additional sheet(s)

SPECIFIC AMOUNT RECOMMENDED £

Should this be a grant or loan? _____

If loan repay at £ _____ per _____ With effect from: ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____

DETAILS OF HELPER/REPRESENTATIVE (BLOCK CAPITALS):

Name _____ Style or Title _____ Position Held: _____

Address: _____

_____ Post Code: _____ Email: _____ Tel. No: _____