

SGF Benevolent Fund SCIO
 Federation House
 222 Queensferry Road
 Edinburgh
 EH4 2BN
 Tel: 0131 343 3300 www.scottishshop.org.uk
 Email : m.smith@scotgrocersfed.co.uk



Application for assistance

If you require any assistance completing the form, please contact the SGF Benevolent Fund on 0131 343 3300. We will be happy to talk you through it.

Please note that the criteria of the SGF Benevolent Fund permits funding to be made available to those who have worked in the convenience grocery trade in the past (for at least 6 months). Please ensure that you comply with this criteria before making the application. The criteria to apply is as follows:

The SGF Benevolent Fund offers assistance for the prevention or relief of poverty and the relief of those in need by reason of age, ill-health, disability, financial hardship or other disadvantage by providing pensions, financial assistance, grants of money or otherwise to:

- Any person who has worked for at least 6 continuous months in the independent grocery trade in Scotland, and/or the dependents of such persons
- Any other charitable body which provides support to (a) those in necessitous circumstances who work or have worked within the independent grocery trade in the United Kingdom, and (b) the dependents of such persons
- The family or friends of any person (who would have qualified above) for funeral or other costs relating to such person's death in service, and
- Give support for training to any person who has worked for at least 6 continuous months in the independent grocery trade in Scotland, and/or the dependents of such persons.

Please complete and return to Marion Smith, SGF Benevolent Fund SCIO, Federation House, 222 Queensferry Road, Edinburgh, EH4 2BN or e-mail: marion@sgfscot.co.uk Telephone 0131 343 3300.

GENERAL INFORMATION		
Title	Mr/Mrs/Ms/Miss/Other	
Name in Full		
Date of Birth		
Address		
Phone Number	Mobile Phone Number	
E-mail Address		
National Insurance Number		

DEPENDENTS DETAILS						
Number of dependent children living with you?				<i>Please give details below</i>		
Name of First Child				Date of Birth		
Name of Second Child				Date of Birth		
Name of Third Child				Date of Birth		
Marital Status <i>(please circle)</i>	Married	Civil Partnership	Divorced	Widowed	Single	Living with Long Term Partner
Name of Spouse/Partner						
Spouse/Partner Details	Date of Birth				National Insurance Number	

HOUSING DETAILS					
Type of Accommodation <i>(please circle)</i>	Own Home	Rented	Sheltered Housing	Residential/ Nursing Home	Static Home
Does anyone else live with you at your address	Yes/No (please circle)				
Name of co-habitant					
Relationship to co-habitant	Family	Friend	Lodger	Other	
Do they make any contribution to the household costs?	Yes/No			How much per week? £	

FUNDING REQUIRED		
Please let us know the type of funding being applied for (please circle as appropriate)	Ongoing Funding <i>This is available to those seeking financial assistance of up to £1,400 per annum.</i>	One-Off Payment <i>This is available from the Fund to those who require help to fund a short-term issue (e.g home repairs, specialist furniture purchase etc).</i>

HEALTH INFORMATION	
Your present state of health?	<i>(Please supply further information on any illnesses or diseases)</i>

NEXT OF KIN DETAILS		
Title	Mr/Mrs/Ms/Miss/Other	
Name in Full		
Address		
Phone Number		Mobile Phone Number
E-mail Address		
Relationship to You		
Is your Next of Kin Aware of your Application	Yes/No	<i>Even if your next of kin is aware of your application we will not contact them unless it is absolutely necessary.</i>

EMPLOYMENT HISTORY <i>(Please complete to assist with application – details of employment in convenience retailing only)</i>					
Name of Company	Type of Company	From (year)	To (Year)	Role	Total No. of Years

EMPLOYMENT HISTORY – SPOUSE/PARTNER <i>(Please complete to assist with application – details of employment in convenience retailing only)</i>					
Name of Company	Type of Company	From (year)	To (Year)	Role	Total No. of Years

CHARITIES APPROACHED	
Have you approached any other charity for assistance?	(Please supply details of any other charities approached and if assistance has been offered)
Is this your first application to the SGF Benevolent Fund for assistance?	Yes/No

FINANCIAL DETAILS <i>Please declare weekly income and expenditure (joint where applicable).</i>					
Weekly income	Self £	Partner £	Weekly expenditure	Self £	Partner £
Employment (if working net figure)			Mortgage repayments		
State Retirement Pension			Rent (or amount paid)		
Occupational Pension			Council Tax (or amount paid)		
Bereavement Benefits			Service charge/Ground rent		
Pension Credit Guarantee			Water/Sewerage		
Pension Savings Credit			Electricity		
Severe Disability Premium*			Gas/Oil/Fuel		
Attendance Allowance			Telephone		
Disability Living Allowance (please select rate if known) Care – highest/middle/lower Mobility - higher/lower			Household insurance		
			TV Licence		
			TV Rental (or Tel/TV/Internet)		
Child Benefit			Care Home Fees		
War Pension/War Widow's Pension			Details of HP commitments/debt (To be taken only if beneficiary offers)		
Universal Credit					
Industrial Injuries Disablement					
Carer's Allowance					
Income from other Benefits (please detail)			Debt/arrears (please give details below)		
Child Maintenance			Costs relating to health if receiving DLA/AA/SDP: Travel Other		
Income from relatives/other charities					
Friends and family					
Total weekly income (excluding those in the shaded box)			Total weekly expenditure (excluding those in the shaded box)		

Savings	Self £	Partner £	Savings (continued)	Self £	Partner £
Bank – Current			ISA		
Bank – Savings			Other (please give details)		
Premium Bonds					
Shares					
Building Society			Total		

*If an element is included in your pension credit, income support, employment and support allowance or jobseekers allowance payment, please separate these amounts.

ADDITIONAL INFORMATION	
Please add any further information which may help your application.	

DECLARATION	
Please sign to confirm the following:	<ul style="list-style-type: none"> <i>I declare that the information in this application is accurate with regards my/our financial position at the time of applying. Any relevant back up documents can be made available on request to support my/our application.</i> <i>I understand the information I have provided will be used to process my application for assistance.</i> <i>By signing this form I agree to the information being held on file by the SGF Benevolent Fund. The information will not be used for any other matter and will not be passed on to any third party.</i>
Signed	
Name in Full	
Date of Application	