



# The GPs' own charity

## APPLICATION FOR ASSISTANCE SUBMITTED BY A GENERAL MEDICAL PRACTITIONER OR HIS / HER DEPENDANT(S)

**Name of Applicant**

Address

Postcode

Email

Tel Landline

Tel Mobile

Date of Birth

Marital Status

**Spouse / Partner's Name**

Spouse / Partner's Date of Birth

**Children / Other household members / Dependants not living with you**

Name

Name

Surname

Surname

Date of Birth

Living with you? (Y/N)

Date of Birth

Living with you? (Y/N)

Name

Name

Surname

Surname

Date of Birth

Living with you? (Y/N)

Date of Birth

Living with you? (Y/N)

*Please continue on a separate sheet if necessary.*

**Name of General Practitioner** *(if not applicant)*

**Information about General Practitioner** *(either the applicant or person above)*

Primary Medical Qualification

GMC Reference No.

GP Register No.

Details of most recent GP posts (please attach CV)

Dates Held

If you are not a General Practitioner please state your relationship to the General Practitioner named above.

How did you learn of the Cameron Fund?

Have you made a previous application?

**Please state why you are making an application to the Cameron Fund. It would be helpful if you could enclose a letter or summary of the events that have led to your current situation.**

**Income**

Please state full details of your income from all sources

**Self  
£****Spouse/Partner  
£****Salary / Earnings** *(Weekly / Monthly)**(If you are a GP Partner please send latest accounts)*

Universal Credit

Working Tax Credit

Children's Tax Credit

**Pensions** *(Weekly / Monthly)*

State Pension

Occupational Pension

Annuities

Pension Guarantee Credit

Savings Credit

**Benefits** *(Weekly / Monthly)*

Child Benefit

Job Seeker's Allowance

Incapacity Benefit

Income Support

Employment and Support Allowance

Attendance Allowance / Carer's Allowance

Disability Living Allowance / Personal Independence Payment

Council Tax Support / Council Tax Reduction

Housing Benefit

Widow's Pension / Widowed Parent's Allowance

Any other benefit *eg. Industrial Injuries Disablement Benefit***If you are receiving State Benefits please send, with this form, a copy of the most recent letter from the DWP setting out how your benefit has been calculated.****Self  
£****Spouse/Partner  
£****Other Income**

Bank Interest

Maintenance Payments

Investment Income

Rental Income *(provide details of any investment property on page 4)*

Other Charitable Grants and Trust Fund Income

Assistance From Relatives

Any other Income excluding investment income *(please specify)*

**Essential Expenditure**

£

Mortgage repayment monthly

Rent monthly *(please state the sum before Housing Benefit)*

Home Care Fees Weekly / Monthly

Ground Rent / Service Charges annual cost

Council Tax annual cost

Water Rates annual cost

Fuel costs monthly *(gas, electricity, oil)*

Buildings Insurance annual cost

Contents Insurance annual cost

Professional subscriptions annual cost eg. GMC, MDU

Loan Repayments / Overdrafts monthly ex. mortgage

Minimum credit card payments monthly

Essential travel costs for work, school, medical appointments monthly

Child care costs monthly / School fees

Personal medical care eg. Contact lens prescriptions

Other essential costs excluding food and clothes *(Please provide a monthly list separately)***Your Accommodation**

Provide a full description of your home eg. House / Flat; Detached / Semi-Detached; No of bedrooms and bathrooms.

**Please state whether you are:** *(please tick)*
 An owner-occupier   
  A tenant / Living with friends or relatives   
  Other *(specify)*
**For Home Owners**

Estimated Market Value £

Current Mortgage Value £

Type of Mortgage *(please tick)* Repayment Endowment Interest only

**Assets** (If you have more than one investment property, please continue on a separate sheet)

**Investment Property**

Address

Estimated Market Value £                      Original Mortgage Value £                      Current Mortgage Value £

Type of Mortgage (please tick)                       Repayment                       endowment                       interest only

<b>Bank / Building Society / Post Office</b>	<b>Account Type</b> <i>eg. current account</i>	<b>Balance / Self</b> <b>£</b>	<b>Balance / Partner</b> <b>£</b>

Please enclose a recent statement for each account

**Savings Certificates / Bonds / Shares / Stocks**

Please state all other investments held by you or your spouse / partner individually or jointly eg. ISAs, Endowment Policies, Premium Bonds, Unit Trusts, National Savings Certificates and provide details of the number held and their value.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vehicles and all other property**

Please list all other property owned by you or your spouse/partner individually or jointly stating date of purchase, purchase value and estimated current value both in UK and overseas. Please include make & model of cars / motorbikes / boats / caravans, including purchase values and estimated current values.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Debts**

Please list all debts other than your primary mortgage that you and your spouse / partner owe, either individually or jointly and provide supporting documentation with this form, eg. a recent statement.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referees**

Please provide the names and addresses of two referees who have personal knowledge of your current situation and state how long you have known them. *Note: If possible both referees should be members of a profession and at least one referee should be a General Practitioner. Neither referee should be a relative or be part of your household.*

Name

Address

Postcode

Telephone

Email

Name

Address

Postcode

Telephone

Email

**Assistance from Other Sources**

Please provide the names of any other charitable organisation to which you have applied for assistance or which is currently providing you with assistance.

**Declaration**

*Note: If you have a spouse / partner, both parties will need to sign below*

Each of the signatories below declares that all questions on this form have been truthfully answered and that all the information provided is correct and complete. Where details or information about spouses, children, dependants, or other people have been provided, I/we confirm that I/we have done so with their consent.

I/We consent to receive email communication from the Cameron Fund.

I/We agree to receive a visit from a Trustee or members of staff of the Cameron Fund. *(All trustees are GPs.)*

Each of the signatories below is aware that the Cameron Fund may investigate and may take further action on any application that appears fraudulent or is considered to be deliberately misleading.

I/We consent to Cameron Fund Trustees and staff processing and storing the data both provided on this form and included in any communication from me or from my referees. I/We permit the disclosure of this data to other charities or bodies that, in the sole discretion of the Cameron Fund, may be able to provide assistance to me/us or my/our household. I/We also consent to the staff of these organisations processing and storing data disclosed to them.

***I/We undertake to inform the Cameron Fund immediately of any changes in my/our circumstances, eg. receipt of a legacy or other material sum, a payment relating to an insurance claim or an offer of employment.***

Signature

Date

Signature

Date

The Cameron Fund confirms that it holds all data it receives securely and in accordance with Data Protection principles. The Cameron Fund is registered with the Information Commissioner: Reg. no. Z4461076