



# The GPs' own charity

The **Cameron Fund**

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

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*Please read the NOTES TO ACCOMPANY APPLICATION FORM before filling in your application*

### 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?

Colleague  LMC  Cameron Fund website  doctorshelp.co.uk  Google/websearch

Other

Have you made a previous application?

**INCOME**

Please state full details of your income from all sources

**Self  
£****Spouse/Partner  
£****Salary / Earnings** (NET monthly)*ADDITIONAL INFORMATION REQUIRED:* Please provide pay slips or latest accounts if you are a Partner or self-employed**Pensions** (Weekly / Monthly)

NHS/Occupational Pension

State Pension

Annuities

Pension Credit

Other Pensions

**State Benefits** (Weekly/Monthly)

Universal Credit\*

Working Tax Credit

Child Tax Credit

Child Benefit

Job Seeker's Allowance

Employment Support Allowance

Incapacity Benefit

Income Support

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**ADDITIONAL INFORMATION REQUIRED:* If you are receiving State Benefits please send copies of the most recent Award Letter relating to each benefit, setting out how it has been calculated.**Other Income****Self  
£****Spouse/Partner  
£**

Investment Income

Child Maintenance/Other Maintenance payments

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

Bank Interest

\* Universal Credit is being introduced nationwide and will replace the following benefits: Child Tax Credit, Housing Benefit, Income Support, Income-based JSA, Income-related ESA and Working Tax Credit.

**ESSENTIAL EXPENDITURE**

£

Mortgage repayment monthly	
Rent monthly <i>(please state the sum before Housing Benefit)</i>	
Ground Rent / Service Charges annual cost	
Council Tax annual cost	
Water Rates annual cost	
Fuel costs monthly <i>(gas, electricity, oil)</i>	
Buildings Insurance annual cost	
Contents Insurance annual cost	
Professional subscriptions annual cost eg. GMC, BMA	
Professional Indemnity Insurance monthly	
Loan Repayments / Overdrafts monthly ex. mortgage	
Credit card payments monthly	
Essential travel costs for work, school, medical appointments monthly	
Child care costs monthly	
Adult care costs	
<b>Additional Expenditure:</b>	
Care Home fees	
School/Boarding fees	
Legal costs	
Medical costs	
Other essential costs excluding food and clothes <i>(Please provide a monthly list separately)</i>	

**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 Current Market Value £	Outstanding Mortgage Value £
Type of Mortgage <i>(please tick)</i>	<input type="checkbox"/> Repayment <input type="checkbox"/> Endowment <input type="checkbox"/> Interest only

**ADDITIONAL INFORMATION REQUIRED:** *Please provide a copy of your latest mortgage statement or your tenancy agreement.*

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

**Investment Property**

Address

Estimated Market Value £

Outstanding Mortgage Value £

Type of Mortgage (please tick)

Repayment

Endowment

Interest Only

Please list all other property owned by you or your spouse/partner individually or jointly (either in the UK or abroad), stating date of purchase, purchase value and estimated current value.

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Cash in Bank Bank / Building Society	Account Type eg. current account	Balance / Self £	Balance / Partner £
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**ADDITIONAL INFORMATION REQUIRED:** Please enclose most recent three monthly statements 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 purchase value.

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**Vehicles and Other Assets**

Please include make & model of cars / motorbikes / boats / caravans, including purchase values and estimated current values.

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**DEBTS**

Please list all debts other than your primary mortgage that you and your spouse / partner owe, either individually or jointly

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**ADDITIONAL INFORMATION REQUIRED:** Please provide documentation relating to each creditor eg. a recent statement.

Please state why you are making an application to the Cameron Fund. It would be helpful if you could provide a summary of the events that have led to your current situation and your plans for the future.

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Please continue onto an extra sheet of paper if needed.

### 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 professional body 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 organisations to which you have applied for assistance, either now or in the past, or which is currently providing you with assistance.

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**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 or I/we have asked in my/our capacity as a legal guardian’.**  Y  N

I/We consent to receive email communication from the Cameron Fund and communicate with the Cameron Fund by email.  Y  N

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

I am/We are 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.  Y  N

I/We consent to Cameron Fund Trustees and staff processing and storing my/our personal data both provided on this form and included in any communication from me/us or from my/our referees.  Y  N

I/We consent to the Cameron Fund contacting my referees as detailed on this form, in order to ascertain that I/we are in financial hardship.  Y  N

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.  Y  N

I/We also consent to the staff of these organisations processing and storing data disclosed to them\*.  Y  N

I/We confirm that I/we have read the Data Processing Statement and understand how my/our Personal Data will be collected, used and stored.  Y  N

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

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

\*Please refer to document 'Notes to Accompany Application Form', for details about the organisations with whom the Cameron Fund shares personal data.



## NOTES TO ACCOMPANY APPLICATION FORM

Thank you for contacting the Cameron Fund to apply for financial assistance. Our objects are the relief of poverty and the prevention of hardship and distress. We would normally help those applicants:

- who are unable to work;
- whose income is insufficient to cover their essential household expenditure; and
- who are managing their monthly expenses, but struggling to pay for unforeseen but essential expenditure.

The Fund would not normally help with legal fees, school fees, private medical expenses, business expenses or non-priority debts.

All the Personal Data and financial information requested as part of the application is necessary to enable us to prepare a case report for Trustees.

### PERSONAL DETAILS

Please visit our website, [www.cameronfund.org.uk](http://www.cameronfund.org.uk), to access our Data Processing Statement which sets out the Personal Data we collect about you and the reasons why we collect it.

All the Personal Data collected is necessary to ensure the Trustees are provided with accurate and relevant information that will help them consider applications fairly and equally and to reach an informed decision regarding requests for assistance.

### FINANCIAL DOCUMENTATION

Please provide the following documents relating to income and expenditure to support your application. If you have declared a marital status of married/partner on page 1, you would need to provide financial documentation relating to your spouse and/or partner. Photocopies and scanned copies are acceptable. Trustees would not normally make an award where there is evidence of substantial savings held by either the applicant and/or his/her partner.

The financial documents we need you to provide are:

- **Bank statements** – we require your most recent bank statement, for all current and savings account, covering the preceding 3-month period.
- **Pay slips** – we require your last three pay slips). If you are a Partner or are self-employed, we need the most recent practice or business accounts.
- **Credit Card statements** – we require your most recent statement showing transactions and current balances covering the preceding 3-month period.
- **Credit agreements** – we require documents relating to loans, car leases and Hire Purchase agreements that exist at the time of the application.
- **Mortgage statement** – we require your most recent mortgage statement covering the preceding 3-month period. We would also require details of any arrears, repossession orders and any other details that relate to your mortgage.
- **Council Tax Statements** – we require a statement relating to the current year.
- **State Benefits** – we require copies of the most recent Award Letter for each benefit you receive.
- **Further Information** – we would require any other information relating to your debts and your current financial information that has a material impact on your current circumstance.



- **Pro-forma or estimates** – we would require any estimates that relate your request for assistance such as back-to-work costs or emergency house repairs.

## REFEREES

Your referees will be asked to confirm their knowledge of your circumstances which has led to your application. We will also ask them to confirm how long they have known you.

## SHARING YOUR DATA

We have a Data Sharing Agreement with the following medical charities:

- BMA Charities;
- The Royal Medical Benevolent Fund (RMBF);
- The Royal Medical Foundation (RMF); and
- The Society for the Assistance of Medical Families (SAMF)

A copy of this agreement is available on request.

We have a Data Sharing Agreement with the Money Advisor, through his company AdviceWorks to provide an applicant/beneficiary targeted and specialised advisory service covering money management, debt management and benefits advice. A copy of this agreement is available on request should you be offered Money Advice.

We have a Data Sharing Agreement with a Career Coach. A copy of this agreement is available on request should you be offered Career Coaching.

We will always endeavour to treat your Personal Data as confidential and in accordance with the General Data Protection Regulation (GDPR) and the best practices in data collection, usage, sharing and storage. Please read our policy statements on our website to understand how we store for your Personal Data.

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