



Registered charity No. 219568

Application for Financial Assistance

BEFORE YOU APPLY:

Important Notes for Applicants - please read:

- The Physiotherapy Benevolent Fund is able to assist past and present members of the PBF experiencing unforeseen hardship or financial difficulties.
- To be eligible for funding, members must have been a subscribing member of the PBF for two years (six months for students). Discretion can be used in exceptional circumstances.
- Applicants must investigate other sources of assistance e.g. State benefits, Benevolent Organisations and Trust Funds as well as applying to the PBF.
- We are unable to accept a new application from any member within two years of a previous period of support ending.
- We are unable to assist if you have savings exceeding £6000.
- If you are applying for assistance to meet a specific cost the Trustees require that you provide evidence of these costs with your application form. Quotations from two separate suppliers are required in all cases and/or copies of relevant invoices/bills etc.

The Physiotherapy Benevolent Fund cannot assist with:

- A shortfall in income/expenditure due to consumer debts such as credit cards and loans
- Awards for educational purposes
- Awards to support family members in the UK or overseas

Please detach and keep this page for your reference

ELIGIBILITY FOR MEMBERS BENEVOLENT FUND ASSISTANCE:

Trustees will provide financial support, relieving either generally or individual persons in any of the following categories who are in conditions of need, hardship or distress:

- Physiotherapists who are members of the physiotherapy Benevolent Fund (PBF) including Fellows.
- Health and social care support workers who are Associate members of the PBF.
- Student PBF members.
- Those who cease to be PBF members for example retired physiotherapy and associate members are also eligible for support. Previous PBF student members will be eligible provided they complete their study and qualified as a physiotherapist and work in the UK.

COMPLETING THE FORM:

1. Complete each section of the form in block capitals and black ink.
2. You must provide **PROOF OF ALL HOUSEHOLD INCOME** (i.e. yourself, partner and any other adults). Copies of 3 recent consecutive wage slips (either monthly or weekly), copies of Post Office/Bank Statements showing your name, address and the amounts you receive or a letter from H.M. Revenue & Customs or the DWP including the page "How your benefit was worked out".
3. If you are applying for assistance due to ill-health or for someone else who now requires your help due to illness, you must provide relevant evidence of the medical problem or health issues. We can accept medical reports, copies of medical certificates confirming inability to attend work and clinic appointment letters.
4. Photocopies are acceptable but must be legible.
5. Please ensure that the information you provide is correct as incorrect information may lead to the delay, prevention of/or loss of support from the MBF.

PREVIEW

Please note that the decision of the Trustees on your application is final. There is no right to appeal.

CONFIDENTIALITY

The administration of this Fund is separate from other departments of the PBF and there is no exchange of information without your permission. The report given to the Council of the PBF every quarter, or any other statistics produced by the PBF, do not contain anything that could identify an individual member by name or description.

DATA PROTECTION

Applicants have the right to review the documents held by the PBF about them. Applicants may ask for details to be removed at any time from documents held by the PBF about their case (this may affect the assistance given depending on the information removed). Documents will be kept for a maximum of 5 years after assistance has ceased, then destroyed securely.

Please detach and keep this page for your reference



Members Benevolent Fund

Section 1: Personal Details

Office use only

Ref No: _____

Date
Received: _____

Title

First name

Family name

Date of birth

Email address

Ethnicity (optional)

Home address

Mobile phone

Home phone number

Marital status

Any previous surname(s)

Dependants - relationship to you and dates of birth

Training establishment, date qualified

Are you a member of any PBF Professional Networks? Yes ☐ No ☐ (Please list below which ones)

Current / last employer - name and address, number of hours worked, grade (if applicable)

Date of retirement/resignation/last day of working

Where did you hear about PBF?

PBF registration number

Are you a current member of the PBF?

Yes ☐

No ☐

Date joined / Dates you were a previous member

HCPC registration number

Are you a student member?

Place of Study

Date study commenced

Expected course completion date

Please tick: Are you a UK student? ☐ or Overseas student? ☐

PREVIEW

Section 2: Financial Situation

PLEASE COMPLETE THE FINANCIAL STATEMENT BELOW USING MONTHLY AMOUNTS. REMEMBER TO ENCLOSE PROOF OF ALL INCOME.

Useful tip: to change weekly figures to monthly, multiply by 52 (to give total annual figure), then divide the total by 12 (to give monthly figures)

Monthly Income £

Wages / Salary

Your Take Home Pay	
Partner's Take Home Pay	
Regular Overtime / Bonus / Commission	

Benefits

Housing Benefit	
Council Tax Benefit	
Support for Mortgage Interest	
Jobseekers' Allowance	
Employment Support Allowance	
Income Support	
Universal Credit	
Child Benefit	
Child Tax Credit	
Working Tax Credit	
Maternity Pay / Allowance	
Bereavement Allowance	
Statutory Sick Pay	
Incapacity Benefit	
Carer's Allowance	
Disability Living Allowance (care)	
Disability Living Allowance (mobility)	
Industrial Disablement Benefits	
Severe Disablement Benefits	
Attendance Allowance	
Personal Independence Payment (daily living)	
Personal Independence Payment (mobility)	

Pensions

Retirement Pension	
Pension Credit	
Occupational Pension	
Private Pension	
Annuity	
Partner's Pension	
War Pension	

Other Income

Maintenance	
Student Grant / Loan	
Income from Lodgers / Property	
Sons / Daughters Contribution	
Educational Maintenance Allowance	
Other Income (please specify) -	

Total Monthly Income

What (if any) savings do you have

Monthly Expenditure £

Housing Costs

Rent / Mortgage	
Secured Loan / 2nd Mortgage	
Council Tax	
Ground Rent / Service Charge	
House Contents / Buildings Insurance	

Utilities

Water / Sewerage	
Gas	
Electricity	
Coal and Other Fuels	

Housekeeping

Food and General Housekeeping	
Clothing	
Subscriptions, Papers, Magazines	
Cigarettes / Alcohol	
Washing Machine Rental / Laundry	

Children

Childcare	
School Meals / Trips	
Nappies / Baby Items	
Children's Pocket Money	

Other Important Items

Court Fines / Orders	
Maintenance	
Life Assurance	
TV Licence	
Prescriptions	
Care Costs / Special Needs	

Travel

Fares (e.g. to work / school)	
Car Running Costs	
Car Loan	
Motability Car	

Other Expenditure

TV / Internet / Telephone	
Appliance Rental	
Entertainment	
Credit / Store Cards	
Loans	
Pets	

Total Monthly Expenditure

Section 3: Outstanding Debts

Please give details of all your debts by ticking all that apply and writing in the amount you owe. Include what you are paying weekly toward the debts and what deductions (if applicable) are taken from any benefits you receive.

		Amounts Owed	Agreed Monthly Payments*	Payments Made Direct from Benefits
Rent	<input checked="" type="checkbox"/>	£	£	£
Mortgage	<input checked="" type="checkbox"/>	£	£	£
Second Mortgage / Secured Loan	<input checked="" type="checkbox"/>	£	£	£
Council Tax	<input checked="" type="checkbox"/>	£	£	£
Gas	<input checked="" type="checkbox"/>	£	£	£
Electricity	<input checked="" type="checkbox"/>	£	£	£
Income Tax / National Insurance	<input checked="" type="checkbox"/>	£	£	£
Tax Credit Overpayment	<input checked="" type="checkbox"/>	£	£	£
Magistrates' Court Fines	<input checked="" type="checkbox"/>	£	£	£
Total Amount Owed		£		

Outstanding credit and other bills e.g. HP, loans, credit and store cards, catalogues or any other bills you have outstanding

Please give details	Amounts Owed	Agreed Monthly Payments*
	£	£
	£	£
	£	£
Total Amount Owed	£	

*Please remember to include your agreed monthly payments on the financial statement on Page 4

OUTSTANDING DEBTS CONTINUED

What arrangements have been put in place to deal with these debts/arrears?*

(Please continue on a separate sheet if required)

***IMPORTANT ADVICE** If you are completing this application without help from a money advisor, and/or you are having difficulty paying any of your arrears, please make this known and we may be able to refer you over to Hope 4U.

Section 4: Your Statement

Please describe here the reason for your application, and explain clearly the help you feel is required. Continue on page 7 or write a covering letter if necessary.

PREVIEW

(Please continue on a separate sheet if required)

Section 4: Your Statement continued

Please provide any additional information you would like to include here

PREVIEW

Section 5: Your Agreement

PLEASE MAKE SURE THAT YOU HAVE ENCLOSED:

Proof of all household income (i.e. yourself, partner and any other adults) consisting of:

- Copies of 3 recent consecutive wage slips (either monthly or weekly)
- Copies of Post Office/Bank Statements showing your name, address and the amounts you receive
- Letter from H.M. Revenue & Customs or the Benefits agency including the page "How your benefit was worked out".
- Any relevant medical information i.e. reports from health professionals and latest medical certificate
- Please enclose copies of your quote/invoice/bill for consideration if you are applying for assistance to meet a specific cost

DATA PROTECTION ACT 2018

I agree that personal data in support of my application may be held and processed by the PBF, and their administration partners Hope 4U Ltd, as electronic or paper-based data and will only be used in connection with my application for assistance.

Signature _____

Date _____

DECLARATION

Please confirm that you have explored other means of assistance before making your application to the PBF by ticking this box. Please give details of the other sources you have explored and the outcome

PREVIEW

I believe the particulars given in this application are a true and accurate statement of my current circumstances.

I give my consent for representatives of the Charity and their administration partners at Hope 4U Ltd to contact me following conclusion of the application process, to gather feedback on my experience of the application process and the service received. ☐

Further details on how your information is used can be found in our Privacy Statement. Please tick to confirm that you have read and understood the Privacy Statement. ☐

Signature _____

Date _____

Following a successful application, it is the responsibility of the beneficiary to inform the PBF of any improved changes in financial circumstances.

WE CAN ACCEPT THIS FORM ELECTRONICALLY AND THROUGH THE POST

If you would like to complete the form electronically, please save the document and send it as an attachment to info@cspmbf.co.uk.

If you would like to complete the form on paper, please print it out and send via the postal system to:

PBF, C/O Hope 4U Ltd, The Malsters, Wetmore Road, Burton on Trent, DE14 1LS.

For more information or to discuss your application with someone, please call

0330 320 2140. Our lines are open Monday to Friday, 9am to 5pm