

FOOTWEAR FRIENDS
 Formerly Footwear Benevolent Society
APPLICATION FOR FINANCIAL ASSISTANCE

Studio 116 China Works
 100 Black Prince Road
 London
 SE1 7SJ

☎ 020 3735 8748
 e-mail: info@footwearfriends.org.uk
 website: www.footwearfriends.org.uk

Registered Charity 222117

Every application we receive will be considered at a meeting of the Executive Committee, whose members decide what help the Society can offer to the applicant. For an application to be considered it is usually necessary that you have been employed in the shoe trade for a minimum of 5 years; however each application will be considered on its individual needs even if it falls short off the 5 years employment history.

1. PARTICULARS OF APPLICANT			
Surname		Forenames	
Date of birth			
Address			
	Previous address if changed within last 5 years		
Postcode			
Telephone			
e-mail			
Single <input type="checkbox"/> Married/Civil Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Live with partner <input type="checkbox"/>			
Do you suffer from any illness or disability? Yes (please specify) <input type="checkbox"/> No <input type="checkbox"/>			
If married or in civil partnership– does your Husband/Wife suffer from any illness or disability?			
Yes (please specify) <input type="checkbox"/> _____ _____ _____			
No <input type="checkbox"/>			

2. FAMILY DETAILS

	Name	Date of Birth	Living with applicant?	Occupation
Partner				
Children (irrespective of age)				

3. YOUR HOME

Do you own the home in which you live? Yes No

Is your property mortgaged? Yes No

Name of Mortgage Company:

Current property value: £ Amount of Mortgage outstanding: £

Is the home you live in: (please tick one of the following)

Privately rented Housing Association Council Owned by relative Other (please specify)

Do you own any other property? Yes No

If yes, please give details:

4. EMPLOYMENT IN THE FOOTWEAR INDUSTRY

Have you worked in the Footwear Trade? Yes No

**please enclose documentary proof of your employment within the footwear trade with your application. If this is not possible we can request this information from HMRC, however this may mean that the decision on your application could be delayed!*

(Please complete if you have worked within the footwear trade)

Name and Address of Employer	Name of Line Manager/Supervisor	From	To	Sector (e.g. Retail, Manufacture, Repair etc.)

Has your partner worked in the Footwear Trade? Yes No

**please enclose documentary proof of his/her employment within the footwear trade with your application. If this is not possible we can request this information from HMRC, however this may mean that the decision on your application could be delayed!*

Please complete if your partner has worked within the footwear trade)

Name and Address of Employer	Name of Line Manager/Supervisor	From	To	Sector (e.g. Retail, Manufacture, Repair etc.)

If self-employed* were you in business as

A Sole Trader

A Partnership

Limited Company

**please provide documentary proof regarding your ownership of the business*

5. OTHER EMPLOYMENT BEFORE AND AFTER EMPLOYMENT IN FOOTWEAR INDUSTRY

(If applicable)

Type of Work	Name of Employer	From	To

6. PLEASE GIVE PARTICULARS OF ANY OF YOUR CHILDREN/RELATIVES LIVING WITH YOU, WHO CONTRIBUTE TO YOUR HOUSEHOLD EXPENSES

Name	Weekly income	Contribution to household expenses (per week)	Any other information

7. PREVIOUS ASSISTANCE:

Have you applied for assistance from the Footwear Friends before? Yes No

8. LIABILITIES/DEBT (including Mortgage, Rent, Council Tax, Bank/Building Society, Hire Purchase, Credit Cards, Loans (Including Social Fund Loans) and other debts) *(use a separate sheet of paper if necessary)*

Name of Creditor	Item/Type	Amount Outstanding	Repayment Amount	Repayment Period <i>(i.e. weekly, monthly, quarterly, yearly)</i>

Has debt advice been sought from the CAB, StepChange or a similar organisation?

Yes No

*If yes, who did you seek advice from?

9. SAVINGS AND CAPITAL

£

Applicant's and spouses/ partner's total savings *(including capital, investments, building societies, bank)*

10. STATE BENEFITS

Are you in receipt of Housing Benefit? Yes No

Are you in receipt of Council Tax Benefit? Yes No

Are enquires about other benefits being made? If YES, which benefits?

11. ARMED FORCES

Have either you and/or your partner served in the Armed Forces Yes No

Have you applied for assistance from any of the Armed Forces charities? Yes No

Please state which Armed Forces charities you have approached:

12. OTHER CHARITIES

Have either you and/or your partner applied to any other charity or benevolent fund for assistance?

Yes (please give details below)

No

FUND APPROACHED	Amount requested/promised/received)

13. NURSING/RESIDENTIAL HOME

Please only complete this section if you are residing in a Nursing/Residential Home

				Office use only
	£ .	p.	<i>*please indicate whether the payment is weekly/monthly/4-weekly/quarterly or annually)</i>	
Income				
Local Authority payment towards fees				
Other Income (please give details)				
TOTAL INCOME				
Expenditure				
Nursing/Residential Home fees				
Other regular expenses				
TOTAL EXPENDITURE				

14. INCOME Complete the boxes which apply to the payments you receive.

	£.	p.	<i>*please indicate whether the payment is weekly/monthly/4-weekly/quarterly or annually)</i>	Office use only
Earnings				
Wages/Salary (net after Tax and National Insurance)(Applicant)				
Wages/Salary (net after Tax and National Insurance)(Spouse/Partner)				
Maintenance / CSA Receipts				
Sub-letting, boarders etc.				
Pensions (Applicant)				
State Retirement Pension				
Occupational Pension				
Private Pension				
State Widow Pension/Bereavement Allowance				
Service Pension (Army, Navy, Air Force) <i>incl. Service Invalidation Pension and War Widow's Pension</i>				
Pensions (Spouse/Partner)				
State Retirement Pension				
Occupational Pension				
Private Pension				
State Widow Pension/Bereavement Allowance				
Service Pension (Army, Navy, Air Force) <i>incl. Service Invalidation Pension and War Widow's Pension</i>				
State Benefit				
Job Seeker's Allowance (Applicant)				
Job Seeker's Allowance (Spouse/Partner)				
Personal Ind. Payment –PIP Applicant				
Personal Ind. Payment –PIP Spouse/Partner				
Universal Credit				
Disability related benefits - specify				
Other				
Family/child related benefits - specify				
Contribution from Family (Section 6)				
All other income <i>e.g. contributions from other households/annuities etc. –use a separate sheet of paper if necessary</i>				
TOTAL INCOME				

17. REFEREE This should be someone who has known you for some while and is not related (i.e. Vicar/Priest, Teacher, Doctor, Solicitor or other professional, OR a third party acting on your behalf (ie. SSAFA, Age Concern, CAB etc.)

Name (in print):

Profession/Organisation:

Address:

Telephone:

Date:

e-mail address:

Signature:

18. HMRC Forms

I understand that I **must return** the completed HMRC forms to Footwear Friends, **by post**, for my application to be considered, and that my application **is not complete** and will not be assessed until these have been received by Footwear Friends. These forms are attached but can also be downloaded from the Footwear Friends website www.footwearfriends.org.uk

19. DECLARATION

- I hereby declare, to the best of my knowledge, that the information supplied on this form is correct.
- I undertake to notify the Footwear Friends immediately of any material change in my circumstances.
- I understand that the information I have supplied will be used in order to process my application for financial assistance.
- I agree that the details on this form may be passed in confidence to other agencies/charities in the course of this application.
- I authorise Footwear Friends to approach other agencies/charities on my behalf.
- By signing this declaration I also give Footwear Friends (The Footwear Benevolent Society) the permission to share all correspondence and records they gather as part of my case, as well as the content of my application form, with agencies referenced in this section.
- I agree that information collected as part of the application process may be retained so that any future applications may be speedily processed, and the data may be used for follow up assistance, and statistical and research purposes.

Signature of applicant

Date

Thank you for completing this application form. The information you have provided will assist us to help you but if there is any additional information you would like to tell us about your situation, family circumstances, illness, etc. please use back page.

In order to verify your employment history within the footwear trade you will be required to complete the attached Inland Revenue Check form and return this to the Footwear Friends Office together with your application. Any additional proof, i.e. pay statements, P60's may assist your application.

INLAND REVENUE REQUEST
(FOR HARDSHIP GRANT)

Please complete all details and return to:

PT Operations
North East England
HM Revenue & Customs
BX9 1AN

National Insurance Number

--	--	--	--	--	--	--	--	--

Title: Mr/Mrs/Miss (Please circle)

Surname: _____

First name: _____

Any previous names: _____

Full Address: _____

Post Code: _____

Approximate dates of employment: From _____ To _____

I authorise the Inland Revenue to disclose my employment history record to:

Footwear Friends
(Footwear Benevolent Society)
Unit 116 China Works
100 Black Prince Road
London SE1 7SJ
Tel.: 020 3735 8748
E-mail: info@footwearfriends.org.uk

Signature: _____
Please sign here

Date: _____
Please sign here



Employment history team: claimant's evidence of employers

When to use this form

Use this form if you need confirmation of your employment history to make a claim for compensation.
Give us the information we need so we can give you a quicker response to your enquiry.

How to fill in this form

Use capital letters and write clearly in black ink.
If you need help to fill in this form telephone the helpline:
0300 200 3500

Your details

You must always fill in your name, date of birth and National Insurance number.

Full name

Date of birth DD MM YYYY

National Insurance number

Claim details

Give brief details in the boxes below.

Industrial injury (for example, asbestosis, industrial deafness)	
Personal injury (for example, road traffic accident or fall)	
Medical negligence	
Other (please specify)	Charitable Welfare Grant

Your employment history

Tell us the years that you need the employment history to cover. For example, start date 1998 and end date 2005.

Start date YYYY

End date YYYY

Give the full name of any employers you've worked for. For example, British Gas

Give the year(s) you worked for each employer YYYY to YYYY. For example, 1999 to 2007

 to to to to to

Your current address

Your previous address

Only fill this in if you've moved home in the last 5 years

Daytime telephone number

Signature

Date DD MM YYYY

What to do now

Send this completed form to:

PT Operations

North East England

HM Revenue and Customs

BX9 1AN

Because of high demand, we cannot acknowledge requests for employment histories.

Footwear Friends Privacy Notice

Who we are and how we use your personal information

Footwear Friends (The Footwear Benevolent Society) (registered charity number 222117) is dedicated to relieve, in cases of need, hardship or distress, persons who are or have been engaged in the footwear trade, their widows, widowers and other dependants.

At Footwear Friends (The Footwear Benevolent Society) we take our commitment to maintaining the privacy and security of your personal data extremely seriously, ensuring that we meet all data protection requirements. We do not pass on any of the information that you have given to us to any third party unless we have your written consent to do so.

What we collect and why

Footwear Friends (The Footwear Benevolent Society) will only collect the personal data that is absolutely necessary to process your application for assistance. When you apply for assistance, your data will be stored on our Beneficiary Database.

We will not continue to hold any of your data any longer than is required by law and audit purposes. This data will be deleted from our system after seven years.

Accessing your information

You are entitled to view, amend, or delete the personal information that we hold. To view, amend, or delete your personal data, please email

info@footwearfriends.org.uk