



CONFIDENTIAL

FOOTWEAR FRIENDS
 Formerly Footwear Benevolent Society
APPLICATION FOR FINANCIAL ASSISTANCE

5 Portland Place
 London e-mail: info@footwearfriends.org.uk
 W1B 1PW
Registered Charity 222117

Telephone: 020 7580 5847
 website: www.footwearfriends.org.uk

For an application to be considered it is necessary that you have been at some time employed in the Shoe Trade, normally for a minimum of 5 years.

1. PARTICULARS OF APPLICANT			
Surname		First names	
Address		Date of birth	
		Previous address if changed within last 5 years	
Postcode			
Telephone			
e-mail			
Single <input type="checkbox"/> married <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 – Is your Wife/ Husband suffering 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 <input type="checkbox"/> No <input type="checkbox"/>
Is your property mortgaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Mortgage Company:	
Current property value: £	Amount of Mortgage outstanding: £
If you do not own your home please tick one of the following:	
Privately rented <input type="checkbox"/> Housing Association <input type="checkbox"/> Council <input type="checkbox"/> Owned by relative <input type="checkbox"/> other (please specify)	
<input type="checkbox"/>	
Do you own any other property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	

4. PARTICULARS OF FOOTWEAR INDUSTRY EMPLOYEE	
Surname	Date of birth
First Names:	Relationship to Applicant

5. STATE EMPLOYMENT DETAILS IN FOOTWEAR INDUSTRY			
Name and Address of Employer or business	Name of Line Manager/Supervisor	From	To
If self-employed were you in business as			
A Sole Trader <input type="checkbox"/>	A Partnership <input type="checkbox"/>	Limited Company <input type="checkbox"/>	

6. OTHER EMPLOYMENT BEFORE & AFTER EMPLOYMENT IN FOOTWEAR INDUSTRY (If applicable)			
Type of Work	Name of Employer	From	To

7. IF SPOUSE/PARTNER ALSO WORKED IN FOOTWEAR INDUSTRY PLEASE GIVE DETAILS			
Name and Address of Employer	Name of Line Manager/Supervisor	From	To

8. 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

9. REASON FOR APPLICATION: (use a separate sheet of paper if necessary)

Total Expenditure								
Additional notes you feel might be helpful:								

16. Have either you and/or your partner served in the Armed Forces?

Yes No

17. Have applied to any other Charity or Benevolent Fund for assistance?

Yes (*please give details below*) No

FUND APPROACHED	Amount requested/promised/received)

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

Recommended by:	Profession/Organisation:
Name (in print):	
Address:	
Telephone:	Date:
e-mail address:	
Signature:	

19.)DECLARATION

I hereby declare, to the best of my knowledge, that the information supplied on this form is correct and 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 solely by the Society in order to process my application for financial assistance.

Signature of applicant	Date
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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: Special Section A,
Room BP1002A,
Inland Revenue,
Benton Park Road,
Longbenton,
Newcastle-upon-Tyne,
NE98 1ZZ

National Insurance Number

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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)
5 Portland Place
London
W1B 1PW
Tel.: 020 7580 5847
e-mail: info@footwearfriends.org.uk

Signature: _____
Please sign here

Date: _____
Please sign here