

# Your Guidelines & Application Form

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## VERY IMPORTANT

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Please ensure that you read the following Guidelines for Applicants carefully before completing the application form. Then you can either:

- Print this form and complete by hand, returning it and all the essential supporting documentation to – Cavell Nurses' Trust, Grosvenor House, Prospect Hill, Redditch B97 4DL
- Type up the form, save it and email it along with all the essential supporting documentation to **admin@cavellnursestrust.org**

If you would like us to post an application form to you with a pre-paid envelope, or discuss your circumstances with one of our Welfare team, please call us on **01527 595999** or email us at **admin@cavellnursestrust.org**

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## GUIDELINES FOR APPLICANTS

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In order to be eligible for a grant from Cavell Nurses' Trust you must be:

- A registered nurse or midwife, or
- A retired nurse or midwife or a former nurse or midwife
- A health care assistant/nursing auxiliary with 3 years experience of providing nursing care in a hospital or nursing home under the supervision of a registered nurse, or
- A retired or former health care assistant/nursing auxiliary with 3 years experience of providing nursing care in a hospital or nursing home under the supervision of a registered nurse
- Currently living in the UK and have worked as a nurse, midwife or health care assistant in the UK
- Be in financial hardship
- All applicants should have less than £4,000.00 in household savings including money in savings and current accounts

**If you have been suspended or removed from the NMC register, please contact a member of our welfare team on 01527 595999 or admin@cavellnursestrust.org before completing our application form.**

Cavell Nurses' Trust are unable to consider grant applications from applicants if the applicant or their partner owns a second property.

Cavell Nurses' Trust are unable to assist care workers or support workers.

Cavell Nurses' Trust are unable to assist student nurses or student midwives.

If you are not sure if you are eligible, please telephone us on **01527 595999** or email us at **admin@cavellnursestrust.org**

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## HOW WE CAN HELP

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We can provide assistance with:

- Short term financial emergencies
- Essential white goods
- Travelling expenses in attending for medical treatment
- Mobility aids (if recommended by a medical professional)
- Home adaptations due to disability (you must have applied for a Disabled Facilities Grant and have a recent occupational therapist's report recommending the adaptations)
- Essential home repairs (where there is a risk to the health and safety of the occupants)
- Rent deposits and arrears
- Bankruptcy and Debt Relief Order (DRO) fees (when bankruptcy/DRO has been recommended by a specialist debt advisor)
- Removal costs

We are unable to provide assistance with:

- Debts
- Holidays
- Private medical treatment
- Private education fees
- Nursing home fees

- Educational grants, study fees or course costs
- Legal fees
- Car purchase

For items not listed, please call us on **01527 595999** or email **admin@cavellnursestrust.org**

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## ESSENTIAL SUPPORTING DOCUMENTS

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- Evidence of employment: Nurses and midwives will need to provide evidence of their nursing/midwifery qualification (eg a letter from the NMC, a wage slip or letter stating your job title, copy nursing certificate etc). Health care assistants will need to provide evidence of 3 years' experience (eg a letter from your employer/previous employer, a wage slip giving your job title for each relevant year)
- Proof of income: copy wages slips for yourself and your partner for the past 2 months or copy benefit award letters
- Copy bank statements for the last 2 FULL months (showing all transactions) for ALL accounts that you and your partner hold (current accounts, savings accounts, ISAs, post office accounts etc)

- A letter of support: this should be a letter supporting your application from someone acting in a professional capacity who is aware of your circumstances. It should not be from a family member or friend. The letter should be signed and on headed paper and could be from, for example, your GP, housing support worker, debt advisor, your manager at work or an agency such as the Citizens Advice Bureau
- Quotes/estimates: if your application is for a specific item such as mobility aids or equipment, please provide a written quotation. For essential building repairs or alterations, please provide two written estimates

**Please note:** We require all of these supporting documents in order to process your application.

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## WHAT NEXT?

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Complete the application form below, either by hand or typing into the document. Email the form and essential supporting documents to **admin@cavellnursestrust.org** or by post to Cavell Nurses' Trust, Grosvenor House, Prospect Hill, Redditch, Worcestershire, B97 4DL.

If you would like us to post an application form to you with a pre-paid envelope, please call us on **01527 595999** or email us at **admin@cavellnursestrust.org**.

**Please note:** Processing an application will take on average 10-15 working days from the date we receive all necessary information.

**We cannot process an application until we have received all the documents outlined in the section "Essential Supporting documents" above.**

Whilst we consider all requests for help, there must be a priority need and applicants are not guaranteed assistance as cases are assessed on a case by case basis.

# Application Form

STRICTLY PRIVATE & CONFIDENTIAL



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## PERSONAL DETAILS

Title:	First names:	Surname:
Date of birth:	Email:	
Home telephone:	Mobile:	
Address:		
County:	Postcode:	
Are you: Single	Married/Civil Partner <input type="checkbox"/>	Living with a partner <input type="checkbox"/>
Divorced/Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	

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## ADULTS (THOSE OVER 18) WHO LIVE IN YOUR HOUSEHOLD

Name	Date of Birth	Relationship	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## CHILDREN (18 OR UNDER) WHO LIVE IN YOUR HOUSEHOLD

Name	Date of Birth	Relationship	School/College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## NURSE/MIDWIFERY TRAINING

Name of University	Dates from/to	Qualification
_____	_____	_____
_____	_____	_____

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## EMPLOYMENT

Name of Employer	Dates from/to	Position held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a current member of a Trade Union?  If so, which one? \_\_\_\_\_

NMC Pin number \_\_\_\_\_ What was the date of your last employment? \_\_\_\_\_

Did you cease work due to:  Retirement  Ill health  Other (please specify) \_\_\_\_\_

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## HEALTH CONDITIONS (please continue on another sheet or electronic document if necessary)

Please give details of any illness or disability affecting yourself or your family members which may be relevant to this application.

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## YOUR HOME

Please select one of the following to describe your home

- Mortgaged/owned outright  Rented (local authority/housing association)  
 Rented (private landlord)  Living with family member  
 Other (please describe) \_\_\_\_\_

If owner/occupier: approximate value of your property? \_\_\_\_\_ Mortgage outstanding? \_\_\_\_\_

Do you own another property?  Yes  No If yes, please provide details \_\_\_\_\_

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## CAPITAL AND SAVINGS

	You	Your partner/spouse
Current accounts/cash	£ _____	£ _____
Savings accounts/ISAs	£ _____	£ _____
National savings/premium bonds	£ _____	£ _____
Other savings	£ _____	£ _____

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## DEBTS AND ARREARS

	Total amount owed	Monthly payments	Date of last payment
Rent/mortgage	£ _____	£ _____	_____
Council tax	£ _____	£ _____	_____
Credit cards	£ _____	£ _____	_____
Loans	£ _____	£ _____	_____
Other	£ _____	£ _____	_____

## NET HOUSEHOLD INCOME (AFTER TAX)

	You	Your Partner	Payment frequency
Net Salary/earnings	£ _____	£ _____	_____
Universal Credit	£ _____	£ _____	_____
Jobseekers Allowance	£ _____	£ _____	_____
Income Support	£ _____	£ _____	_____
Employment and Support Allowance	£ _____	£ _____	_____
Statutory Sick Pay	£ _____	£ _____	_____
Working Tax Credit	£ _____	£ _____	_____
Child Tax Credit	£ _____	£ _____	_____
Child Benefit	£ _____	£ _____	_____
Maintenance or Child Support	£ _____	£ _____	_____
Housing Benefit	£ _____	£ _____	_____
Council Tax Support	£ _____	£ _____	_____
Mortgage Interest Payments	£ _____	£ _____	_____
State Retirement Pension	£ _____	£ _____	_____
Occupational/private pension	£ _____	£ _____	_____
Pension Credit	£ _____	£ _____	_____
Personal Independence Payments	£ _____	£ _____	_____
Disability Living Allowance	£ _____	£ _____	_____
Is this used for a mobility vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attendance Allowance	£ _____	£ _____	_____
Carers Allowance	£ _____	£ _____	_____
Income from lodgers/family members	£ _____	£ _____	_____
Student Loan/Grant	£ _____	£ _____	_____
Income from other Charities	£ _____	£ _____	_____
Any other income	£ _____	£ _____	_____

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## EXPENDITURE OF HOUSEHOLD

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	Cost	Payment frequency
Rent	£ _____	_____
Mortgage	£ _____	_____
Council Tax	£ _____	_____
Gas	£ _____	_____
Electricity	£ _____	_____
Other forms of heating	£ _____	_____
Water/sewerage charges	£ _____	_____
Telephone (including mobiles)	£ _____	_____
Clothing	£ _____	_____
Television and internet/TV packages	£ _____	_____
Television Licence	£ _____	_____
Food and housekeeping	£ _____	_____
Prescriptions, homecare/help costs	£ _____	_____
Childcare costs	£ _____	_____
Car costs (insurance, road tax, petrol)	£ _____	_____
Bus, train, taxi costs	£ _____	_____
House/contents insurance	£ _____	_____
Other insurance	£ _____	_____
Any other expenditure (please specify)	£ _____	_____

Have you received a grant or award from a charitable organisation in the past 12 months?

Name of organisation	Date of award	Amount of award
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____

Have you applied to any other charitable organisations for help?

Organisation applied to	Date of application	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**REASON FOR APPLICATION** (please continue on another sheet or electronic document if necessary)

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**HOW DID YOU HEAR ABOUT CAVELL NURSES' TRUST?**

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Employer       Colleague       Poster/info at work       Nursing Agency

If one of these, please state which hospital/place of work \_\_\_\_\_

Internet search       Facebook/Twitter       Advert/article       Advice Agency (eg: CAB, Age UK)

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**DECLARATION: THE APPLICANT MUST SIGN THIS**

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I declare that the information in this application is accurate and that I have given full disclosure of my financial situation. I agree that the information I have provided may be held in the manual and computer files of Cavell Nurses' Trust and may be passed in confidence to other agencies including other charities in the course of this application. I agree that Cavell Nurses' Trust may contact other agencies, organisations, charities and the person providing my supporting letter in order to discuss this application.

I understand that all information provided to Cavell Nurses' Trust will remain confidential and only be held or disclosed in order to assist with my application and in accordance with the Data Protection Act 1998. I understand that I have the right to request information about the details Cavell Nurses' Trust hold and they will provide this data as legally required.

Please tick to say you agree to the above declaration.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

**Please note that we cannot process an application until we have received all the documents outlined in the section "Essential Supporting documents" above.**

Email this form and essential supporting documents to **admin@cavellnursestrust.org**  
or by post to Cavell Nurses' Trust, Grosvenor House, Prospect Hill, Redditch, Worcestershire, B97 4DL.

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Once your application has been processed, you will be contacted by a member of the Welfare team. If you have any questions, please call our Welfare team on **01527 595999**.