

# **THE 1930 FUND FOR DISTRICT NURSES**

## **APPLICATION FORM**

*PLEASE READ ATTACHED GUIDELINES BEFORE FILLING IN THIS FORM.*

To qualify for consideration by our Trustees you must:-

be a **Registered Nurse** and have been employed as one of the following: **District Nurse, Community Nurse, School Nurse, Health Visitor, Community Midwife or Community Psychiatric Nurse, and** hold a bank account solely in your own name.

### **1. PERSONAL DETAILS OF NURSE:**

**Surname** \_\_\_\_\_

**Forename/s** \_\_\_\_\_

**Maiden Name** \_\_\_\_\_

**NMC/UKCC or GNC No** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Post Code** \_\_\_\_\_

**Telephone No** Daytime \_\_\_\_\_

Evening \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

***IF YOU ARE MAKING THIS APPLICATION ON BEHALF OF THIS REGISTERED NURSE, YOU MUST FILL IN SECTION 2 otherwise please go to section 3.***

### **2. THIRD PARTY APPLICANT:**

**Full name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

***Relationship to nurse: if you are a relation please attach a letter confirming your relationship signed by a suitable authority\* \_\_\_\_\_***

\_\_\_\_\_

**Organisation name** \_\_\_\_\_

***\* for a list of suitable authorities, please see the last page of this form***

6 Trull Farm Buildings, Tetbury, Gloucestershire, GL8 8SQ  
Tel: 01285 841900 Fax: 01285841 576 Email: 1930Fund@TheTrustPartnership.com  
Registered Charity Number: 208312

## THE 1930 FUND FOR DISTRICT NURSES

### 3. ABOUT YOUR NURSING CAREER Training history

Name of your nurse training school/college/University	Dates	Qualifications
Name of community nursing education college/University	Dates	Qualifications

### Community Nursing Employment History Only

Name of Community Nursing Authority	Dates	Post Held/Job Title

### 4. ABOUT YOUR PRESENT OR PREVIOUS EMPLOYMENT AND/OR RETIREMENT

**Are you currently in employment?** YES NO  
If No please state reason

**Are you currently retired?** YES NO

If Yes please give the date of your retirement \_\_\_\_\_

**Were you retired on health grounds** YES NO

## **THE 1930 FUND FOR DISTRICT NURSES**

**5. Do you live alone or share accommodation?** Alone/Share (delete as applicable)

### **DETAILS OF DEPENDENTS**

Name	Age	Living at Home?	Relationship

**6. CAPITAL: DO YOU HAVE SAVINGS IN ANY OF THE FOLLOWING?**

**Please state amounts (£'s only)**

**Current Bank Account** \_\_\_\_\_

**Deposit Bank Account** \_\_\_\_\_

**Building Society Accounts** \_\_\_\_\_

**Post Office Account** \_\_\_\_\_

**Stocks and Shares** \_\_\_\_\_

**Tessa's and ISA's** \_\_\_\_\_

**Other Assets** \_\_\_\_\_

**6a. Please advise us of the details of your bank account for use if you are awarded a grant; this needs to be a single account held in your name:-**

**Name of Bank** \_\_\_\_\_

**Account Name** \_\_\_\_\_

**Sort Code** \_\_\_\_\_

**Account Number** \_\_\_\_\_

## **THE 1930 FUND FOR DISTRICT NURSES**

### 7. DECLARATION OF YOUR WEEKLY/MONTHLY INCOME & EXPENDITURE

	Income Per Week /Month (delete as applicable) £		Expenditure Per Week/Month (delete as applicable) £
<b>Salary</b>		<b>Mortgage / Rent</b>	
<b>Statutory Sick Pay</b>		<b>Council Tax</b>	
<b>State Retirement Pension</b>		<b>Water Rates</b>	
<b>Income Support</b>		<b>Gas</b>	
<b>Child Benefit</b>		<b>Electric</b>	
<b>Family Credit</b>		<b>Telephone</b>	
<b>Housing Benefit</b>		<b>Television</b>	
<b>DSS Benefit/State Benefit/Other</b>		<b>Food</b>	
<b>Council Tax Rebate</b>		<b>Clothing &amp; Necessities</b>	
<b>NHS Pension</b>		<b>Insurance</b>	
<b>Occupational Pension</b>		<b>Travel/Car Expenses</b>	
<b>Income from Investments</b>		<b>Debt Repayments*</b>	
<b>Regular Income from Charitable Funds</b>		<b>Loan Repayments*</b>	
<b>Income of Spouse/Partner</b>		<b>Other</b>	
<b>Income from Lodgers</b>			
<b>Income from Family</b>			
<b>Other</b>			

**\* Please only list debts and loans which you are solely responsible for.**



## THE 1930 FUND FOR DISTRICT NURSES

9. Amount of funding requested £ \_\_\_\_\_

10. HOW DID YOU HEAR ABOUT THE 1930 FUND?

\_\_\_\_\_

11. HAVE YOU APPLIED TO THE 1930 FUND BEFORE? YES NO

If Yes:

Date of grant received \_\_\_\_\_

Applicant No \_\_\_\_\_

Amount/s received \_\_\_\_\_

12. ARE YOU CURRENTLY APPLYING OR HAVE YOU APPLIED TO ANY OTHER CHARITABLE TRUST IN THE LAST 3 YEARS?

YES NO

If yes, please give details

Name of Trust	Date Applied	Amount Requested	Amount Received

please use a separate sheet if necessary

13. Would any of your existing benefits be affected by this grant? YES NO  
If YES, please explain overleaf on a separate sheet of paper.

14. When returning your completed application form, please provide the following information:

- A recent payslip, if applicable
- Copies of your Nursing Qualification Certificates

If you are requesting assistance for a specific item or service, please would you provide at least two written quotes.

**Signature of Applicant or Authority** .....

**Date** .....

If your application does not fall within our criteria will you give us permission to send your details to another charity if we feel they may be able to help you?

YES NO

PLEASE RETURN THIS FORM TO:

**THE 1930 FUND FOR DISTRICT NURSES  
6 TRULL FARM BUILDINGS, TETBURY, GLOS, GL8 8SQ**

## **THE 1930 FUND FOR DISTRICT NURSES**

Acceptable authority to endorse a third party application

Accountant  
Articled clerk of a limited company  
Assurance agent of recognised company  
Bank/building society official  
Barrister  
British Computer Society (BCS) - Professional grades which are Associate (AMBCS), Member (MBCS),  
Fellow (FBCS) (PN 25/2003)  
Chairman/director of limited company  
Chemist  
Chiropodist  
Christian Science practitioner  
Commissioner of oaths  
Councillor: local or county  
Civil servant (permanent)  
Dentist  
Designated Premises Supervisors  
Director/Manager of a VAT registered Charity  
Director/Manager/Personnel Officer of a VAT registered Company  
Engineer (with professional qualifications)  
Fire service official  
Funeral director  
Insurance agent (full time) of a recognised company  
Journalist  
Justice of the Peace  
Legal secretary (members and fellows of the Institute of legal secretaries)  
Local government officer  
Manager/Personnel officer (of limited company)  
Member of Parliament  
Merchant Navy officer  
Minister of a recognised religion  
Registered Nurse  
Officer of the armed services (active or retired)  
Optician  
Person with honours (e.g. OBE MBE etc.)  
Personal Licensee Holders  
Photographer (professional)  
Police officer  
Post Office official  
President/Secretary of a recognised organisation  
Salvation Army officer  
Social worker  
Solicitor  
Surveyor  
Teacher, lecturer  
Trade union officer  
Travel agency (qualified)  
Valuers and auctioneers (fellow and associate members of the incorporated society)  
Warrant officers and Chief Petty Officers