**The 1930 Fund for District Nurses**

**APPLICATION FORM**

*PLEASE READ THE GUIDELINES ON OUR WEBSITE BEFORE FILLING IN THIS FORM.*

To qualify for consideration by our Trustees you must be:

**a Registered Nurse who is, or has been employed for example as a district nurse, health visitor, school nurse, community specialist nurse, community psychiatric nurse, learning disability nurse, or a community midwife and hold a bank account solely in your own name.**

1. **PERSONAL DETAILS OF NURSE:**

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

**Forenames**  **\_\_\_\_\_\_\_\_\_\_\_\_\_Maiden name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NMC/UKCC or GNC Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Telephone No:** Daytime \_\_\_\_\_\_ Evening\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***IF YOU ARE MAKING THIS APPLICATION ON BEHALF OF THIS REGISTERD***

***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***

**3. 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

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

**4. ABOUT YOUR NURSING CAREER**

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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/PO Accounts** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stocks/Shares/ISAs** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Income Per Week /Month(delete as applicable)£ |  | ExpenditurePer Week/Month(delete as applicable)£ |
| **Salary** |  | **Mortgage / Rent**  |  |
| **Statutory Sick Pay** |  | **Council Tax** |  |
| **State Retirement Pension** |  | **Water Rates** |  |
| **NHS Pension** |  | **Gas** |  |
| **Occupational Pension** |  | **Electric**  |  |
| **Child Benefit**  |  | **Telephone** |  |
| **Family Credit** |  | **Television**  |  |
| **Housing Benefit** |  | **Food** |  |
| **DSS Benefit/Universal Credit** |  | **Clothing & Necessities** |  |
| **Council Tax Rebate** |  | **Insurance** |  |
| **Regular Income from Charitable Funds** |  | **Travel/Car Expenses** |  |
| **Income of Spouse/Partner** |  | **Debt Repayments\*** |  |
| **Income from Family** |  | **Loan Repayments\*** |  |
| **Other/Income/Inc lodgers** |  | **Other** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

**8. REASON FOR APPLICATION**

Why do you think you may be eligible for consideration of a grant from the 1930 fund? Include details of your need. (Please use a separate sheet if necessary)

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**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**:

**Dates of grant received/Amount 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.** **When returning your completed application form, please provide the following information:**

* **A recent payslip, if applicable**
* **Copies of certificates of training and development courses relevant to community practice.**

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

Please note our Privacy Policy attached; by signing this form you confirm you have read, understood and consent for us to use your information in the manner as stated therein.

**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**

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

**Privacy statement**

For the purposes of the Data Protection Act 1998, and under the General Data Protection Regulations which came in force in May 2018, the Data Controller is The 1930 Fund For District Nurses, Registered Address: 6 Trull Farm Buildings, Tetbury, Gloucestershire, GL8 8SQ, and the Data Processor is The Trust Partnership registered at the same address.

This privacy policy sets out how The 1930 Fund For District Nurses uses and protects any information provided to us by potential applicants and grantees. Where information is provided during the application process by which individuals can be identified The 1930 Fund For District Nurses will only use that information in accordance with this privacy statement.

We will only collect the minimum amount of information necessary in order to carry out the aims of The 1930 Fund For District Nurses or to comply with our legal responsibilities.

If personal and/or sensitive information within a grant application is submitted in hard copy the applicant is responsible for confirming that the written agreement and permission of any individuals identified in an application has been obtained to pass their personal information to The 1930 Fund For District Nurses. We will only use this information for the purposes of assessing an application, managing or monitoring any grant awarded, related administration or research purposes, annual reporting, and for sharing relevant information to other funding organisations, if requested, to use in their own assessment of applications and managing or monitoring of grants awarded.

**How we process information**

We will only use personal and sensitive information for the purpose for which it has been given, will not keep it for longer than necessary and will destroy the information securely according to our data retention policy. Information provided through grant applications may be retained for up to 8 years, after which time it will be destroyed.

The 1930 Fund For District Nurses website does not use cookies or Google Analytics.

The 1930 Fund For District Nurses does not share your data with third-parties for marketing purposes.

**Links to other websites**

Where our website contains links to other websites we do not have any control over that other website and cannot therefore be responsible for the protection and privacy of any information which is provided whilst visiting such sites, and such sites are not governed by this privacy statement.

**How to Access your Personal Data**

If you want to know what personal data we have about you, you can ask us for details of that personal data and for a copy of it (where any such personal data is held). All requests should be made in writing and sent to the email or postal addresses shown and for the attention of Helen Willetts.

**Changes to our privacy policy**

We keep our privacy policy under regular review and we will place any updates on this web page. This privacy policy was last updated on 5th June 2018.