



Here for
you through
hard times

APPLICATION FOR ASSISTANCE

Please complete the information below and return to:

ICAS Cares, PO Box 7764, Perth, PH2 1ND or email to manager@icas-cares.org.uk

For any questions or for help with completing the form, contact Diane Crighton, Charity Manager, email: manager@icas-cares.org.uk or telephone: 07780 435415.

Where a category does not apply, please mark n/a.

1	Full Name		
2	Address (including postcode)		
3	Date of Birth/ Place of Birth		
4	ICAS membership number, student number, or, if not a member, your relationship to a past or present member, and give their full name		
5	National Insurance No.		
6	Contact Details	Telephone	
		Mobile	
		Email	
7	Occupation, current employer and role (if applicable)		

8	Children				
		Name	M/F	Age	Occupation
	Living with you	1			
		2			
		3			
	Living elsewhere	1			
		2			
		3			
9	Please provide details of your spouse, partner and/or other dependents (include their name, age, and relationship to you)				
10	Reason for application: Please tell us about your current circumstances and in what way ICAS Cares might be able to help. If relevant, provide details of your state of health and that of your spouse/partner/dependents. (Continue on a separate page if necessary)				

11	CURRENT INCOME (monthly)	Self £	Spouse/Partner £
	Wages/Salary (after tax, NI and pension contributions)		
	Self-employed earnings (after tax and NI)		
	Private/Occupational Pension (after tax, if applicable)		
	State Pension (after tax, if applicable)		
	State Benefits awarded – please list		
	Dividends and Interest (after tax)		
	Bank or Building Society Interest (after tax)		
	Family contributions		
	Contributions from any organisations, charities		
	Other Income (give details)		
	TOTAL INCOME		
12	Have you applied for all available state benefits? (Please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	

13	Do you own your own home? (Please tick) Loan, not mortgage	Yes <input type="checkbox"/> No	
14	ASSETS - please list any assets that you have	Self £	Spouse/Partner £
	Bank Current Account		
	Savings accounts, Building Society accounts and ISAs		
	Stocks and Shares		
	Other Property		
	Other assets (e.g. premium bonds, pension fund, monies owed to you) - please list		

	TOTAL ASSETS		
15	CURRENT EXPENDITURE (monthly)	Self £	Spouse/Partner £
	HOUSING		
	Mortgage payments		
	Rent (include DWP housing support under state benefits in current income)		
	Council tax after any rebate received		
	Household insurance		
	Household maintenance: common charges, decoration		
	Fuel: electricity, gas, oil		
	FOOD		
	Food and catering		
	Alcohol & tobacco		
	HOUSEHOLD GOODS & SERVICES		
	Cleaning supplies, consumables, appliances. furnishings etc		
	Telephone, mobile, internet		
	Childcare		
	OTHER		
	Clothing and footwear		
	Personal care: toiletries and haircare		
	Healthcare: opticians, dentists, podiatry, medicines etc		
	Car costs: fuel, insurance, MOT, repairs		
	Other travel: bus pass, train or taxi fares, railcard		
	Social: technology, subscriptions, entertainment, pets, holidays & gifts.		

TOTAL EXPENDITURE		
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16	DEBTS AND LIABILITIES Please list	Self £		Spouse/Partner £	
		Total Due	Monthly repayment	Total Due	Monthly repayment
	Mortgage				
	Rent				
	Bank overdraft				
	Bank loans				
	Credit and store cards AMEX, but pays balance monthly				
	Hire purchase/financing				
	Other – please list				
	TOTAL LIABILITIES				

17	List any applications you have submitted or intend to make to other organisations or agencies (including the Department of Work & Pensions). Give any information on how your situation might improve in the future or anything else you consider helpful in support of your application. (Continue on a separate page if necessary)

18	Please provide the bank details that should be used for the payment of any financial award arising from this application		
	Bank Name		
	Bank Account Number		Sort Code
	Bank Address		

19	Emergency Contact - please provide details below of an emergency contact		
	Name		
	Relationship to emergency contact		Telephone No.

20	Declaration/Consent		
	<ul style="list-style-type: none"> • I declare the information given in this form is correct • I will inform ICAS Cares of any changes in my circumstances as soon as possible • I consent to my personal data being processed and maintained by ICAS Cares for the purposes of administering my application. I understand that the data will be kept for as long as necessary 		
	Signature of applicant		
	If the form has been completed by someone other than the applicant, please insert your name, telephone number and relationship to the applicant		
	Date		

DATA PRIVACY NOTICE

ICAS Cares may use your personal data for the purposes of:

- application and administration of the organisation
- responding to enquiries and investigating complaints
- complying with our regulatory obligations

You can update your information at any time, by contacting the Charity Manager. We may share information with the ICAS Cares Board members. The external independent examiner has access to data. Your personal details will be shared with the ICAS members department to confirm eligibility. Otherwise, personal information will not be shared outside ICAS Cares without your consent. Please note for individuals outside the UK, your information will be held in the organisation's main information systems which are in the EU. Your information will be kept as long as necessary to support the application and administration process.

21	How did you hear about ICAS Cares?