



Completed forms to be sent to:

Grant Applications, Royal Variety Charity, 23-25 King Street, Twickenham, TW1 3SD

GRANT APPLICATION FORM – CONFIDENTIAL

No application for financial assistance from the Royal Variety Charity can be considered without this application form being completed in full. To aid your application, please give us as much information as you can and please note that it can take up to six weeks for your application to be processed and approved. Please ensure that you provide one photocopied page of your work and involvement within the entertainment industry. Please note that the Royal Variety Charity does not offer assistance with regards to debts to banks, building societies, credit or debit cards, nor the settlement of any personal loans or income tax debts. Grants will often be paid directly to the supplier of any services or goods required, so please provide us much information as possible.

If you are having difficulties in completing this application please ask a care/social worker or a friend/relative to complete it on your behalf.

FULL NAME		DATE OF BIRTH:	
PROFESSIONAL OR STAGE NAME:		EQUITY No.	
ADDRESS			
IS THIS YOUR ONLY HOME OR PROPERTY: YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU, OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER <input type="checkbox"/>	
IF NO, PLEASE EXPLAIN:		IF OTHER EXPLAIN:	
HOME TELEPHONE No.		MOBILE No.	
EMAIL			
MARITAL STATUS			
DEPENDANTS			
NEXT OF KIN		RELATIONSHIP:	
ADDRESS			
HOME TELEPHONE No.		MOBILE No.	

SUMMARY OF CAREER
 WITHIN THE
 ENTERTAINMENT
 PROFESSION - INCLUDE
 DATES OR LENGTH OF
 CAREER

DATE OF LAST PROFESSIONAL ENGAGEMENT: _____

HAVE YOU INCLUDED YOUR CV? SUPPORTING NOTICES OR LISTINGS?

REASON FOR THIS APPLICATION FOR FINANCIAL ASSISTANCE:

SOMETIMES THE CHARITY AWARDS SUPERMARKET VOUCHERS, PLEASE TELL US WHICH SUPERMARKET YOU USE TO SHOP:

INCOME RECEIVED DURING THE YEAR	FORTNIGHTLY (£)	ANNUALLY (£)
PROFESSIONAL AND OTHER EARNINGS (AFTER TAX AND NI)	<input type="text"/>	<input type="text"/>
PENSIONS RETIREMENT/STATE/PENSION CREDITS OR OTHER	<input type="text"/>	<input type="text"/>
HUSBAND/WIFE/PARTNER'S EARNINGS	<input type="text"/>	<input type="text"/>
HOUSING BENEFIT/CHILD BENEFIT/FAMILY TAX CREDIT	<input type="text"/>	<input type="text"/>
UNIVERSAL CREDIT/JOBSEEKERS/ INCAPACITY/ESA/SDA/ SSP/SMP/SPP/ ATTENDANCE ALLOWANCE/DLA/CARERS ALLOWANCE/PIP/ INCOME SUPPORT PLEASE GIVE BREAKDOWN ON ADDITIONAL SHEET IF MORE THAN ONE BENEFIT RECEIVED	<input type="text"/>	<input type="text"/>
INCOME RECEIVED FROM LET PROPERTIES AND/OR FURNISHED LETTINGS	<input type="text"/>	<input type="text"/>
INTEREST RECEIVED FROM BANK/POST OFFICE OR BUILDING SOCIETY	<input type="text"/>	<input type="text"/>
INCOME RECEIVED FROM ANY STOCKS OR SHARES	<input type="text"/>	<input type="text"/>
OTHER THAN THE INCOME ABOVE ARE YOU IN RECEIPT OF ANY OTHER FINANCIAL AID GRANTS OR FROM OTHER SOURCES – PLEASE SPECIFY	<input type="text"/>	<input type="text"/>
INCOME RECEIVED FROM ANY TRUST FUND OR ANNUITIES	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>

EXPENDITURE INCURRED DURING THE YEAR	FORTNIGHTLY (£)	ANNUALLY (£)
RENT OR GROUND RENT/SERVICE CHARGES	<input type="text"/>	<input type="text"/>
COUNCIL TAX	<input type="text"/>	<input type="text"/>
UTILITIES – TELEPHONE/GAS/ELECTRIC/WATER	<input type="text"/>	<input type="text"/>
INSURANCE – BUILDINGS AND CONTENTS	<input type="text"/>	<input type="text"/>
PROPERTY REPAIRS/MAINTENANCE	<input type="text"/>	<input type="text"/>
CAR ROAD TAX/INSURANCE/MOTORING EXPENSES	<input type="text"/>	<input type="text"/>
CARER FEES / MEDICAL EXPENSES	<input type="text"/>	<input type="text"/>
SUBSCRIPTIONS – EQUITY	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>
SIGNIFICANT ITEMS OF CURRENT EXPENDITURE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>

STATEMENT OF ASSETS

TOTAL BALANCE OF CURRENT BANK/POST OFFICE OR BUILDING SOCIETY ACCOUNTS	<input type="text"/> SELF	<input type="text"/> OTHER
VALUE OF NATIONAL SAVINGS CERTIFICATES AND PREMIUM BONDS	<input type="text"/> SELF	<input type="text"/> OTHER
DO YOU HOLD ANY INVESTMENTS IN STOCKS AND SHARES	<input type="text"/> SELF	<input type="text"/> OTHER

CURRENT DEBTS

	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>

HAVE YOU			
APPLIED TO THE ROYAL VARIETY CHARITY BEFORE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
APPLIED TO ANY OTHER CHARITY OR SOURCE IN RESPECT OF THIS REQUEST? (IF SO, PLEASE GIVE DETAILS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
CONSENT TO SHARING OF INFORMATION THE ROYAL VARIETY CHARITY MAY WISH TO CONTACT OTHER CHARITIES FOR INFORMATION TO SUPPORT THIS APPLICATION OR TO SEEK ASSISTANCE ON YOUR BEHALF. IF YOU DO NOT CONSENT TO INFORMATION BEING SHARED WITH OTHER CHARITIES PLEASE TICK THIS BOX. <input type="checkbox"/>			
IF YOU ARE NOT ABLE TO COMPLETE AND SIGN THIS FORM YOURSELF, PLEASE ASK YOUR REPRESENTATIVE TO COMPLETE THE FOLLOWING:			
NAME OF PERSON SIGNING		RELATIONSHIP	
ADDRESS			
TELEPHONE		MOBILE	
EMAIL			
CONSENT TO MEDICAL REPORT FROM DOCTOR			
Does the Royal Variety Charity have your consent to contact your GP to obtain further information to aid us in our decision about your application?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, please advise us of your Doctor's name and Surgery address:			
DECLARATION I CONFIRM THAT THE DETAILS THAT I HAVE GIVEN IN THIS APPLICATION ARE CORRECT AND THAT THE ATTACHED FINANCIAL STATEMENT HAS FULLY AND TRUTHFULLY ANSWERED TO THE BEST OF MY ABILITY. IF MY CIRCUMSTANCES SHOULD CHANGE OR IF I RECEIVE SUPPORT FROM ANY OTHER CHARITY I WILL NOTIFY THE ROYAL VARIETY CHARITY SIGNATURE: NAME: CAPACITY IN WHICH SIGNING: <div style="text-align: right;">If other, please explain:-</div>			

PLEASE DO NOT DELAY IN RETURNING THIS FORM TO US IN THE STAMPED ADDRESSED ENVELOPE ENCLOSED. HOWEVER WE STRONGLY ENCOURAGE ALL APPLICANTS TO SEEK IMMEDIATE ADVICE AND HELP WHEREVER AVAILABLE, INCLUDING FROM OTHER CHARITIES, SUPPORT GROUPS AND FROM THE CITIZENS ADVICE BUREAUX. PLEASE DO NOT SOLELY RELY ON A HOPE OF THIS APPLICATION BEING SUCCESSFUL.