



**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 and a copy of your most recent bank statement. **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 need help completing this application please contact [sheila@royalvarietycharity.org](mailto:sheila@royalvarietycharity.org) or telephone 020 8898 8164 for assistance.

|  |  |                         |  |
|--|--|-------------------------|--|
| FULL NAME  |  |                         |  |
| PROFESSIONAL OR STAGE NAME:  |  | DATE OF BIRTH:          |  |
| ADDRESS  |  |                         |  |
| EMAIL  |  |                         |  |
| HOME TELEPHONE No.   |  | MOBILE No.              |  |
| PLEASE TICK IF WE MAY CONTACT YOU BY:  |  |                         |  |
| POST <input type="checkbox"/> EMAIL <input type="checkbox"/> HOME TELEPHONE <input type="checkbox"/> MOBILE PHONE <input type="checkbox"/> |  |                         |  |
| WHO DO YOU LIVE WITH E.G. SPOUSE/PARTNER/CHILDREN/FRIENDS  |  | EQUITY NUMBER           |  |
| NUMBER OF CHILDREN LIVING WITH YOU UNDER 18 YEARS OF AGE   |  | Life/Current/Lapsed/N/A |  |
| IS THIS YOUR ONLY PROPERTY: YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE EXPLAIN:                                | DO YOU, OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER <input type="checkbox"/> IF OTHER PLEASE EXPLAIN: |                         |  |

|  |   |
|--|---|
| IF YOU OWN YOUR OWN HOME PLEASE ESTIMATE CURRENT VALUE   | IF YOU ARE PAYING A MORTGAGE HOW MANY YEARS ARE LEFT TO PAY |
| IF APPLICABLE, WHAT IS YOUR PARTNER'S OCCUPATION AND HOW MANY HOURS DO THEY WORK PER WEEK  |   |
| HOW DID YOU HEAR ABOUT THE CHARITY?  |   |
| <p>SUMMARY OF YOUR CAREER WITHIN THE ENTERTAINMENT PROFESSION - INCLUDE DATES OR LENGTH OF CAREER. IF NECESSARY USE EXTRA PAPER OR ATTACH A CV.</p> <p>DATE OF LAST PROFESSIONAL ENGAGEMENT: _____</p> |   |
| DO YOU HAVE ANY HEALTH ISSUES WE SHOULD BE AWARE OF (PLEASE PROVIDE DETAILS AND ENCLOSE A LETTER OF DIAGNOSIS FROM GP OR HOSPITAL)   |   |
| REASON FOR THIS APPLICATION FOR FINANCIAL ASSISTANCE AND HOW WE CAN HELP YOU:  |   |
| THE CHARITY OFTEN AWARDS SUPERMARKET VOUCHERS, (NOT REDEEMABLE ONLINE) PLEASE TELL US WHICH SUPERMARKET YOU USE TO SHOP:   |   |

| <b>INCOME £</b>                 | <b>YOURSELF<br/>PER MONTH</b> | <b>PARTNER<br/>PER MONTH</b> |
|---------------------------------|-------------------------------|------------------------------|
| PROFESSIONAL EARNINGS/ROYALTIES |                               |                              |
| INCOME SUPPORT/INCOME BASED JSA |                               |                              |
| EMPLOYMENT SUPPORT ALLOWANCE    |                               |                              |
| HOUSING BENEFIT                 |                               |                              |
| COUNCIL TAX BENEFIT             |                               |                              |
| CHILD BENEFIT                   |                               |                              |
| CHILD TAX CREDIT                |                               |                              |
| WORKING TAX CREDIT              |                               |                              |
| DLA/PIP ALLOWANCE               |                               |                              |
| UNIVERSAL CREDIT                |                               |                              |
| ATTENDANCE ALLOWANCE            |                               |                              |
| CARER'S ALLOWANCE               |                               |                              |
| OTHER BENEFIT(S)                |                               |                              |
| STATE RETIREMENT PENSION        |                               |                              |
| OTHER PENSION(S)                |                               |                              |
| OTHER INCOME (E.G. FRIEND)      |                               |                              |
| GRANTS FROM OTHER CHARITIES     |                               |                              |
| <b>TOTAL INCOME</b>             |                               |                              |

WHAT WAS YOUR EARNED INCOME FROM EMPLOYMENT IN THE LAST FINANCIAL YEAR? USE THE FIGURE FROM YOUR P60 OR SELF-ASSESSMENT DECLARATION.

WHAT IS THE TOTAL VALUE OF YOUR CASH SAVINGS?

DO YOU HAVE ANY INVESTMENTS, E.G. STOCKS AND SHARES/ISAS/PREMIUM BONDS, ETC? IF YES, PLEASE PROVIDE DETAILS.

|  |  |
|--|--|
|  |  |
|--|--|

| <b>HOUSEHOLD EXPENDITURE £</b>                   | <b>PER MONTH</b> |
|--|------------------|
| RENT   |                  |
| MORTGAGE   |                  |
| WATER RATES                                      |                  |
| COUNCIL TAX                                      |                  |
| GROUND RENT/SERVICE CHARGE                       |                  |
| BUILDINGS/CONTENTS INSURANCE                     |                  |
| GAS  |                  |
| ELECTRICITY                                      |                  |
| TELEPHONE, BROADBAND AND TV SUBSCRIPTIONS        |                  |
| TRAVEL (PLEASE SPECIFY)                          |                  |
| HOUSEHOLD EXPENSES (FOOD/CLEANING ETC)           |                  |
| GYM MEMBERSHIP                                   |                  |
| CAR INSURANCE, TAX, PETROL/DIESEL                |                  |
| SUBSCRIPTIONS – EQUITY AND/OR OTHER              |                  |
| CARER FEES / MEDICAL EXPENSES                    |                  |
| ANY OTHER SIGNIFICANT OUTGOINGS (PLEASE SPECIFY) |                  |
| <b>TOTAL EXPENDITURE</b>                         |                  |

| PLEASE INCLUDE DETAILS OF PERSONAL LOANS, OVERDRAFTS, CREDIT CARDS, STORE CARDS, PAYDAY LOANS OR ANY OTHER UNSECURED DEBT YOU HAVE: |                            |                                       |
|---|----------------------------|---------------------------------------|
| CREDITOR<br>E.G. BARCLAYS BANK  | AMOUNT OWED<br>E.G. £5,000 | TYPE OF DEBT<br>E.G. OVERDRAFT / LOAN |
|   |                            |                                       |
|   |                            |                                       |
|   |                            |                                       |
|   |                            |                                       |
|   |                            |                                       |

| <b>HAVE YOU</b>   |                              |                             |
|---|------------------------------|-----------------------------|
| 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"/> |
| <p><b>DECLARATION</b></p> <p>I CONFIRM THAT THE DETAILS THAT I HAVE GIVEN IN THIS APPLICATION ARE CORRECT AND THAT THE ATTACHED FINANCIAL STATEMENT HAS BEEN 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 IMMEDIATELY.</p> <p>SIGNATURE:</p> <p>NAME:</p> <p>DATE:</p> |                              |                             |

**WHAT WE DO WITH YOUR INFORMATION:**

THE ROYAL VARIETY CHARITY WILL HOLD YOUR PERSONAL DATA AND INFORMATION ABOUT YOU IN WRITING OR ELECTRONICALLY IN RELATION TO YOUR APPLICATION FOR SUPPORT. WE MAY WISH TO CONTACT OTHER CHARITIES FOR INFORMATION TO SUPPORT THIS APPLICATION OR TO SEEK ASSISTANCE ON YOUR BEHALF. WE MAY SEARCH PUBLICALLY AVAILABLE RECORDS, FOR EXAMPLE SOCIAL MEDIA.

FURTHER DETAILS ON YOUR RIGHTS REGARDING PERSONAL INFORMATION ARE AVAILABLE ON [www.ico.org.uk](http://www.ico.org.uk) HELPLINE 0303 123 1113. FULL DETAILS OF OUR PRIVACY STATEMENT ARE ON OUR WEBSITE [www.royalvarietycharity.org](http://www.royalvarietycharity.org)

**FUTURE CONT**

OCCASIONALLY WE SEND OUT INFORMATION WE THINK MIGHT BE TO YOUR BENEFIT.

I WOULD LIKE TO BE SENT INFORMATION ON:

THE ROYAL VARIETY CHARITY

YES  NO