**Royal College of Occupational Therapists**

**COVID Support Fund Application Form**

Important information

1. The fund is available for RCOT members, living and working in the UK, who are in one of the following RCOT membership categories:

• *Self- employed*

*• Professional*

1. You must be a RCOT member for a minimum of 4 weeks before applying. The fund is not available to pre-registration students or post -registration members studying full time, overseas and retired members.
2. If you have difficulty completing the form, please email [professional.enquiries@rcot.co.uk](mailto:professional.enquiries@rcot.co.uk) or call 020 3141 4630 and leave a message with your contact details. We will be in touch as soon as possible to help you through the process.
3. Having your bank statement, payslip and any bills to refer to, will help when completing this form.
4. Your completed form and supporting paperwork should be scanned to [dominique.lemarchand@rcot.co.uk](mailto:dominique.lemarchand@rcot.co.uk) We will be unable to consider your application without the required supporting documents.

This information is required for audit purposes in line with guidance for the granting of charitable support.

**Section 1: Applicant details**

|  |  |
| --- | --- |
| **Name:** |  |
|  |  |
| **RCOT membership number:** |  |
|  |  |
| **RCOT membership category:** |  |
|  |  |
| **Address:** |  |
|  |  |
| **Post code:** |  |
|  |  |
| **Phone:** |  |
|  |  |
| **Email address:** |  |

**Section 2: Grant request**

**Are you?** (please tick the boxes where required)

|  |  |  |  |
| --- | --- | --- | --- |
| Single |  | Married/Civil partnership/living with a partner |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Divorced |  | Widowed |  | Separated |  |

**Spouse/partner details**

|  |  |
| --- | --- |
| **Name:** |  |

|  |  |
| --- | --- |
| What is their occupation? |  |

Who else shares your home with you (including children under 18)?

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Age: |  |

|  |  |
| --- | --- |
| Relationship to you: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are they in: | | |  | | | | |
| Education |  | Employed | |  | Other |  |
| Please give details:  If working please give details of any financial contribution towards household costs £ | | | | | | | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Age: |  |

|  |  |
| --- | --- |
| Relationship to you: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Are they in: | | |  | | | | |
| Education |  | Employed | |  | Other |  |
| Please give details:  If working please give details of any financial contribution towards household costs £ | | | | | | | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Age: |  |

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| --- | --- |
| Relationship to you: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Are they in: | | |  | | | | |
| Education |  | Employed | |  | Other |  |
| Please give details:  If working please give details of any financial contribution towards household costs £ | | | | | | | |
|  | | | | | | | |
| If you are financially responsible for someone not living in your home, please tell us their name, relationship to you and the level and reason for financial support | | | | | | | |
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**Your recent employment history (last 3 years)**

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| --- | --- | --- | --- | --- |
| Job title/ occupation | Name of employer | Date From | Date To | Type of business |
|  |  |  |  |  |
|  |  |  |  |  |
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**Reason for applying to the Covid Support Fund**.

**My household income has been reduced due to Covid-19:**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**I/we do not have sufficient savings to support outgoings /cover extra costs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Please tell us briefly the reason for your application, for example:

* Why you are in difficulty and how long you have been experiencing problems relevant to what you’re asking for help with?
* If you/your partner are off work through illness or other reasons, please give details and anticipated return to work date if known
* The impact that these unforeseen circumstances have had on your finances
* The difference our help could make and how you will be able to manage going forward
* Any other information that will help us to understand your situation

(Max. 750 words)

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**How much money are you requesting (maximum £2,500)?**

*Note: we may not always be able to help with everything and financial support could be in the form of a contribution rather than the full amount.*

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**What will you use the money for? (Max 250 words)**

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**Financial section**

You will find it useful to have your payslip and bank statement to refer to when completing this section.

Where it refers to frequency, please indicate by inserting the relevant ‘letter’ or ‘number’ if the amount paid is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income** | **Self £** | **Frequency** | **Partner £** | **Frequency** |
| Salary/work related benefits |  |  |  |  |
| Employment – net figure after tax |  |  |  |  |
| Employment – 2nd job net figure after tax |  |  |  |  |
| Occupational/Statutory sick pay |  |  |  |  |
| Working tax credits |  |  |  |  |
| Working & child tax credits combined |  |  |  |  |
| Job seekers allowance |  |  |  |  |
| Pensions & age-related benefits |  |  |  |  |
| Occupational/private pension |  |  |  |  |
| State retirement pension |  |  |  |  |
| Pension credit |  |  |  |  |
| Children |  |  |  |  |
| Child Benefit |  |  |  |  |
| Child tax credit |  |  |  |  |
| Maintenance |  |  |  |  |
| Statutory maternity pay/Maternity allowance |  |  |  |  |
| Disability/Illness |  |  |  |  |
| Employment support allowance |  |  |  |  |
| Carers allowance |  |  |  |  |
| Bereavement |  |  |  |  |
| Bereavement support payment |  |  |  |  |
| Widowed parent’s allowance |  |  |  |  |
| Industrial injuries benefit |  |  |  |  |
| Other (please specify) |  |  |  |  |
| Other (please specify) |  |  |  |  |
|  |  |  |  |  |

W = weekly F = fortnightly 4 = 4-weekly M = monthly Q = quarterly

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Are you in receipt of any of the following? Add an X as appropriate** | | | | | | | **Self £** | **Partner £** |
| Disability Living Allowance – Care: | | | | | | |  |  |
| Low |  | Middle |  | High |  |  |
|  | | | | | | |  |  |
| Disability Living Allowance – Mobility: | | | | | | |  |  |
| Low |  | High |  |  | | |
|  | | | | | | |  |  |
| Personal Independence Payment – Living: | | | | | | |  |  |
| Standard |  | Enhanced |  |  | | |
|  | | | | | | |  |  |
| Personal Independence Payment – Mobility: | | | | | | |  |  |
| Standard |  | Enhanced |  |  | | |
|  | | | | | | |  |  |
| Attendance Allowance | | | | | | |  |  |
|  | | | | | | |  |  |
| Severe Disablement Premium – Care | | | | | | |  |  |

**DWP benefit applications**

If you are waiting for a decision, please give details including date applied:

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| --- | --- | --- |
| **Expenditure** | **Amount £** | **Frequency**  **W = weekly**  **F = fortnightly**  **4 = 4-weekly**  **M = monthly**  **Q = quarterly**  **A = annually** |
| Mortgage/rent (amount you pay after deducting any benefit assistance) |  |  |
| Second mortgage/secured loan |  |  |
| Council tax/Rates Northern Ireland (amount you pay after deducting any benefit assistance) |  |  |
| Water rates |  |  |
| Buildings insurance |  |  |
| Contents insurance |  |  |
| Maintenance/child support |  |  |
| Life insurance |  |  |
| Fuel – Gas / Electricity / Oil/coal |  |  |
| Childcare/Carer costs |  |  |
| Car insurance / Road tax |  |  |
| Weekly shop – food, cleaning materials etc. |  |  |
| School meals/travel |  |  |
| Work travel |  |  |
| Phone – landline and mobile |  |  |
| Disability related expenditure – not already included under other headings |  |  |
| Prescription costs |  |  |

|  |  |  |
| --- | --- | --- |
| **Other – Please give details below (note: do not include debt repayments as this information will be transferred from the section on debts)** | | |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**Debts and arrears**

Please give details of all debts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of debt e.g. rent, council tax, credit card etc.** | **Creditor – this is the name of the organisation you owe money to** | **How much do you currently owe?**  **£** | **Is this arrears or balance outstanding £** | **What is your monthly repayment? £** |
|  |  |  |  |  |
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| --- |
| If you have taken debt advice, who was this with?  Please also give contact details. |
|  |
|  |

**Savings**

|  |  |
| --- | --- |
| **Details** | **Amount £** |
| Total in current accounts (complete total for all accounts including partner’s) |  |
| Total in savings accounts (complete total for all accounts including partner’s) |  |
| Premium Bonds/Shares/ISAs (complete total for all accounts including partner’s) |  |

Include savings for both people when living as a couple

**Grant payment**

If a payment is agreed, it will be made into your bank account via BACs

|  |  |  |
| --- | --- | --- |
| **Name on account** | **Account No** | **Sort Code** |
|  |  |  |

Please give your bank account details

**Documents that you must send with your application**

* Most recent bank statement for all accounts held
* Most recent payslip for you and your partner
* Please include copies of any bills that you are asking us to help with.

**Declaration**

* In line with RCOT’s professional standards, I agree that all the information provided in the application form is true and correct and, a full disclosure of all income, capital, savings and investments has been made.
* I will inform RCOT of any change in circumstances that I may have during the application process.
* I agree to the information on this form and any supporting paperwork being held in the Charity’s database for the sole use of the Charity’s records to process this and any future applications. We are committed to ensuring that we handle all data which we hold about you in a safe and responsible manner and in accordance with the General Data Protection Regulations 2018. RCOT may disclose my personal data if required to do so by our regulators or law enforcement. For a copy of our privacy policy email: [professional.enquiries@rcot.co.uk](mailto:professional.enquiries@rcot.co.uk) .

I agree:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Please make sure you have agreed to the declaration above by ticking the box and signing this form.

We are unable to process your application unless this is done.

|  |  |
| --- | --- |
| **Signed:** | **Date:** |

Your completed form and supporting paperwork should be scanned to [dominique.lemarchand@rcot.co.uk](mailto:dominique.lemarchand@rcot.co.uk) .

We will be unable to consider your application without the required supporting documents.

**RCOT will contact you with a decision within 5 working days for a request of £500 and 7 working days for a request above £500. If the request is approved, payment will be transferred to your bank account within 28 days of the decision being made.**

**RCOT’s decision is final and we will not enter into any correspondence regarding the merit of an application.**