



THE
SALESPEOPLE'S
CHARITY

Tel: 01752 932155

Email: info@salespeoplescharity.org.uk
Website: www.salespeoplescharity.org.uk

APPLICATION FOR ASSISTANCE

Notes to applicants before completing this form.

1. Only complete this form if you have completed & signed the Privacy Policy Statement Form
2. Use Black Ink & answer **all** questions, enter N/A if question does not apply to you
3. If you require further space, please detail on a separate sheet, sign and attach to the form.
4. Applicants should provide copies of documents (Business Cards, Letters, Pay Slips etc) confirming their employment in a UK B2B sales role for a period of 5 years and be prepared to discuss their sales work history with the visiting Trustee.
5. Applicants must be resident in the UK

ABOUT YOU & YOUR SPOUSE or PARTNER

	<u>YOU</u>	<u>YOUR SPOUSE or PARTNER</u>
Title		
First Name		
Surname		
Date of Birth		
National Insurance Number		
Marital status	Married Divorced Separated Single Widowed Partner Civil Partnership	
Employment status	<input type="checkbox"/> Employed/Self Employed <input type="checkbox"/> Redundant <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	

YOUR CONTACT DETAILS

We may need to speak to you about your application - by providing the details below you are giving us permission to contact you and may speed up the application process

Landline		
Mobile number		
Email address		
<u>Address</u>		
House or Flat Number		
Street		
Town		
Postcode		

ACCOMODATION DETAILS (tick correct one)

Type of Property	<input type="checkbox"/> House	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Flat
Do you own it outright?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is property mortgaged in your name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so what is your outstanding Mortgage £	£	(From latest Mortgage Statement)	
If rented, who is it rented from?	<input type="checkbox"/> Council	<input type="checkbox"/> Private Landlord	<input type="checkbox"/> Housing Association
Do you or your spouse or partner own or have a share in another property other than this one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes please provide full details.			
Is anyone else resident at this address (including children under 18) if so please give their details below			
Name:	Relationship to applicant:	Date of Birth:	
Name:	Relationship to applicant:	Date of Birth:	
Name:	Relationship to applicant:	Date of Birth:	
Name:	Relationship to applicant:	Date of Birth:	
Do any of the above contribute to the household costs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how much per week £.....			

DETAILS OF QUALIFYING B2B EMPLOYMENT HISTORY

Name and address of employer	Job Title and Sales Area	Products Sold	From Month & Year	To Month & Year

Name and address of employer	Job Title and Sales Area	Products Sold	From Month & Year	To Month & Year

Name and address of employer	Job Title and Sales Area	Products Sold	From Month & Year	To Month & Year

Is documentation to confirm qualifying employment history enclosed?

Yes Business Cards, Letters, Contract of employment, Agency confirmation, payslips showing commission payments / commission advice (*delete as applicable*)

No If no evidence is enclosed, please ensure the declaration below is completed and signed by a third party (not a relative or spouse)

DECLARATION OF CONFIRMATION OF QUALIFYING EMPLOYMENT BY A THIRD PARTY

I confirm that the information above relating to the qualifying work history of the applicant or his / her spouse is accurate and that was employed as a sales representative/agent who sold products or services B2B in the United Kingdom, for a minimum period of five years, for at least 6 months in each of those years and is resident in the United Kingdom.

SIGNED NAME (please print)

Contact tel number: How long have you known the applicant?

How is the applicant known to you?.....

Reason for Applying to The Salespeople’s Charity

Please provide details of any significant health issues and the reason for your application for support. If repairs to property are involved please include copies of two estimates for the work.

INCOME AND EXPENDITURE - ALL FIGURES MUST BE IN WEEKLY AMOUNTS AND NOT MONTHLY

You must declare the income and expenditure for anyone resident at your address who contributes to the weekly expenditure.

We use a calculation to cover expenditure such as food and clothing so you do not need to enter these costs

Weekly income	Self £	Partner £	Weekly expenditure	Household £
INCOME			HOUSING COSTS	
Salary / wages (net figure)			Council Tax (£ you pay after CT benefit)	

Pensions -Personal, Private and Occupational			Rent (amount you pay after housing benefit)
State retirement pension			Mortgage repayments
Pension Credit Guarantee			Mortgage endowment
Pension Savings Credit			Service charge / ground rent
War /War Widows pension			
			UTILITY COSTS
CHILD SUPPORT			Electricity / Gas / Oil
Child Benefit			Water / Sewerage
Child Tax Credit			
CSA / Child Maintenance			TECHNOLOGY COSTS
			Telephone landline rental
DWP STATE BENEFITS			Mobile phone rental
Working Tax Credit			Broadband / internet
Income Support			Total cost if purchased as a package
Empl. & Support (ESA)			Safety alarms
Job Seekers Allowance			
Universal Credit			INSURANCES
PIP			Building/contents insurance
Bereavement Benefits			Funeral Plan
DISABILITY ALLOWANCES			HOUSEHOLD COSTS
Industrial Injuries Benefit			Gardener
Severe Disability Premium			Window Cleaner
Carers Allowance			
Mobility Allowance			TRAVEL COSTS
Attendance Allowance			Car owners – petrol / tax/ insurance
			Public Transport
			Taxis
OTHER INCOME			Mobility Car scheme payments
Charity grants & awards			
Family & friends			CHILDCARE COSTS
Rent from lodgers			Childcare fees
Equity release			CSA / Child Maintenance payments
Savings interest			
Investment interest			PERSONAL CARE COSTS
			Payments made to a carer / agency for help bathing/ dressing/etc
			Non-prescription medical essentials
			LOAN & DEBT PAYMENTS (not credit cards cleared monthly)
			Loans
			IVA Agreements
TOTAL			TOTAL

Account balances	Self £	Partner £
Bank – current account		
Bank - savings		
Building Society		
Post Office		
Premium Bonds		
ISA		
Income Bonds		
Shares / Investments		
Other (please detail)		
Total		

Details of Debtors (included in loans above)	Outstanding Balances £
Total Outstanding Debt	

BENEFITS or CHARITABLE GRANT DETAILS

Do you receive Housing Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive Council Tax Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive Pension Credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does anyone on this application currently receive payments from another charity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which charity?.....		
Weekly amount received, which must be entered in the income section?	£.....	
Has anyone on this application applied to another charity in respect of this request?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which charity?.....		
Has that charity awarded a grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Decision pending <input type="checkbox"/>	
If yes, what award have you been given?.....		
Have you or anyone in your family received payments from a charity in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide the name of the charity?.....		
What was the amount of the Grant awarded by them?	£.....	
Date payments from them ceased?	
Reason for payments ceasing?.....		

DECLARATIONS

- I declare that the information in this application is accurate and gives a true account of my/our household present financial position and the relevant supporting documents can be provided.
- I agree to the referee whose details are given in the 'Declaration of Employment' may be contacted if further verification is required
- I understand the information I have provided will be used to process this application for assistance

By ticking yes, I/we agree to the information in the form and any attachments being stored in the Charity's filing system and part of this information transferred onto the Charity's computer system and database for the sole use of the Charity's records. The Charity is 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 Regulation 2018

Our Privacy Statement and Data Protection Policies can be found on our website www.salespeoplescharity.org.uk

I agree Yes No

We may be able to approach other agencies/charities to see if they are willing to help you. Your financial and health details may be shared with them in order that we try to obtain help on your behalf. Your request for assistance will not be prejudiced if you do not wish us to contact other agencies/charities.

I agree Yes No

I confirm that the people who gave their information in this form have read, understood and agreed to the above declarations

I agree Yes No

Your signature..... Date.....

Please ensure all declarations are ticked as without this your application cannot be proceeded with.

NEXT STEPS

On receipt of your application a Trustee will contact you to arrange a meeting to review your application. You will receive written or emailed confirmation of their intended contact containing a photograph of them for enhanced security. At the meeting you must provide documentation to confirm the income and expenditure provided in your application e.g. Utility Bills, DWP papers etc etc for both you and your partner. Details of income and expenditure must relate to the total household. Following your meeting the visiting Trustee may or may not make a proposal to the Board of Trustees on suitable support to be offered. The Board of Trustees will decide, usually within 3 – 4 days, and their decision confirmed to you by the Charity Manager. All enquiries and communications should be via the Charity Manager at the address and contact details at the start of this application form.