

Office Use Only

Date Received:

Membership No:



Tel: 01234 841000

Email Address: benevolentfund@cilex.org.uk

CILEx Benevolent Fund Application Form

1 PLEASE TELL US ABOUT YOURSELF AND YOUR FAMILY

Title Mr/Mrs/Miss/Ms/Other First Name Surname

Address

Postcode Telephone

Date of Birth Are you a homeowner? YES NO or do you pay rent to; Housing Assoc
Local Authority
Private landlord
Other

National Insurance number

Email

Please state if you are:

Single Married Civil partnership Co-habiting Separated Divorced
Widowed

Are you, or was your husband/ wife/ civil partner a member of :

The Solicitors' Managing Clerks Association (SMCA)
The Chartered Institute of Legal Executives (CILEx)

2 WHO SHARES YOUR HOME WITH YOU?

I live alone Spouse Partner Children Other

Please provide details of children and those sharing your home with you:

How many children 16 and under live with you? Ages of children & relationship to you
How many other adults or children over 16 live with you? Ages & relationship to you
Please tell us if they are: Employed Unemployed

Please provide details of spouse/ partner/ other living with you

Are you or anyone in your household registered disabled? If YES, please tell us who

3 IMPORTANT PLEASE ENCLOSE PROOF OF ALL INCOME

YOU MUST enclose up to date **PROOF OF ALL THE HOUSEHOLD INCOME** with your application for yourself, partner, other adults and children.

- All documents must clearly show name and address details as well as the amounts currently being received.
- If you are working: please enclose copies of your last three up to date wage slips.
- If you are receiving benefits (including housing benefit): please enclose a copy of your latest benefit award letter or a copy of your latest bank statement/s showing the amounts received.

4 TELL US ABOUT YOUR EMPLOYMENT HISTORY

Are you in employment now?

Yes

No

State the names and addresses of your employers in the last 3 years including any temporary or casual work and your reasons for leaving:

1 - Employer details

Name of Employer (present if applicable)

Date employment commenced

Date ceased employment

Reason for leaving

2 - Employer details

Name of Employer (present if applicable)

Date employment commenced

Date ceased employment

Reason for leaving

Please continue on another page if necessary

5 ARE YOU IN DEBT WITH ANY OF THE FOLLOWING?

	Arrears	Weekly payment/offer		Arrears	Weekly payment/offer
Rent	<input type="text"/>	<input type="text"/>	HP agreements	<input type="text"/>	<input type="text"/>
Mortgage	<input type="text"/>	<input type="text"/>	Catalogues	<input type="text"/>	<input type="text"/>
Other secured loans	<input type="text"/>	<input type="text"/>	Store/credit cards	<input type="text"/>	<input type="text"/>
Council tax	<input type="text"/>	<input type="text"/>	Loans	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>	Social Fund Loan	<input type="text"/>	<input type="text"/>
Electricity	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>			
Court fines	<input type="text"/>	<input type="text"/>			

Please state any other arrears you may have:

6 TELL US ABOUT YOUR FINANCIAL SITUATION - PLEASE INCLUDE ALL HOUSEHOLD INCOME

INCOME	WEEKLY FIGURES
Proof of this must be enclosed	
Wages/Salary	
Your take home pay	
Partner's take home pay	
Benefits/Tax Credits	
Housing benefit	
Council tax support	
Support for mortgage interest	
Universal credit	
Jobseeker's allowance	
Income support	
Child benefit	
Child tax credit	
Working tax credit	
Maternity pay/allowance	
Bereavement benefits	
Statutory sick pay	
Incapacity benefit	
Employment and support allowance	
Carer's allowance	
Disability living allowance (care)	
Disability living allowance (mobility)	
PIP (daily living)	
PIP (mobility)	
Industrial disablement benefits	
Severe disability allowance	
Attendance allowance	
Pensions	
Retirement pension	
Partners' pension	
Occupational pension	
Private pension	
Pension credit	
Other - please specify	
Other Income	
Maintenance	
Student grant loan	
Income from lodgers or property	
Contribution from son/daughter	
Contribution from any other adult living at the property	
Other - please specify	

TOTAL WEEKLY INCOME	<input type="text"/>
What (if any) savings do you have?	<input type="text"/>

OUTGOINGS	WEEKLY FIGURES
Housing Costs	
Rent	
Mortgage	
Secured loans/2nd mortgage	
Council tax	
Life insurance	
Building/contents insurance	
Other - please specify	
Utilities	
Water/wastewater	
Gas	
Electricity	
Coal and other fuels	
Food & General Housekeeping	
Food	
Clothing	
Other Household items	
Children	
Child care	
School meals etc	
Child maintenance	
Travel	
Car costs (inc. MOT, tax, & petrol)	
Fares - train/ bus	
Mobility car	
Health	
Care costs/special needs	
Other Outgoings	
TV licence	
Sky/cable/internet	
Appliance rental	
Telephone (inc mobiles)	
Loans, credit/store cards & catalogues	
HP payments	
Laundrette	
Other - Please specify	

DO NOT FORGET TO ENCLOSE PROOF OF ALL OF YOUR INCOME, WITHOUT THIS WE MAY BE UNABLE TO ASSESS YOUR APPLICATION

TOTAL WEEKLY OUTGOINGS	<input type="text"/>
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7 ASSISTANCE REQUIRED

Please state what assistance you require and the amount you require, why you need the assistance and how it will make a difference to your life. Please attach quotes for our consideration.

8 ARE THERE ANY SPECIAL CIRCUMSTANCES WHICH YOU WISH THE TRUSTEES TO CONSIDER?

Please provide further information here

9 IF SOMEONE HAS HELPED YOU TO COMPLETE THIS FORM, PLEASE ASK THEM TO ADD THEIR DETAILS

Title Mr / Mrs / Miss / Ms / Other

Name Job title

Organisation

Address

Postcode

Telephone number

Mobile number

Email

If you are from an Advice Agency and you are unable to enclose proof of income, by signing this statement you are confirming you have seen and verified all the applicants proof of income.

Signature Date

**Please note: Copies of this information may be requested.
IF THIS STATEMENT IS NOT SIGNED THE APPLICATION WILL BE RETURNED.**

10 IMPORTANT SUPPORTING DOCUMENTATION

So that we can consider your request quickly, please remember to enclose up to date **PROOF OF ALL THE HOUSEHOLD INCOME** with your application (ie. yourself, partner, other adults and children)

- All documents must clearly show name and address details as well as the amounts received.
- Notice of benefit entitlements must be less than one year old or less than six months if for tax credits.
- If providing wage slips please send copies of 3 recent consecutive wage slips.
- You may also provide a copy of your latest bank statement/s showing the amounts received if you cannot find other necessary proof of income.

11 ADDITIONAL INFORMATION

Where did you learn about the CILEx Benevolent Fund?

Have you made a previous application to the CILEx Benevolent Fund? If so, please state when.

CILEx members have a duty to declare to CILEx Regulation if they have prior conduct. This includes whether they have been adjudged bankrupt or have entered into a composition with creditors.

For more information, please refer to the CILEx Regulation Prior Conduct FAQ's:
www.cilexregulation.org.uk/conduct-and-complaints/prior-conduct/prior-conduct-faqs

12 EQUAL OPPORTUNITIES

You do not have to complete the following section if you do not want to. The questions are not part of your application; however, your answers will help us to make sure that we are reaching all members of the community.

Are you Male Female Other Prefer not to say

What do you consider your ethnic origin to be?

WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	CHINESE OR CHINESE BRITISH
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any other Ethnic Group <input type="checkbox"/>
Any other White background <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	
	Any other mixed background <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>		

Are you aged between

18 -24 <input type="checkbox"/>	25 - 34 <input type="checkbox"/>	35 - 44 <input type="checkbox"/>	45 - 54 <input type="checkbox"/>	55 -64 <input type="checkbox"/>
65 - 74 <input type="checkbox"/>	Over 75 <input type="checkbox"/>			

The Data Protection Act 2018

CILEx Benevolent Fund may disclose appropriate personal data, including sensitive personal data, to third parties. Such disclosure is subject to procedures to ensure the identity and legitimacy of such third parties. These third parties may include Auriga Services who provide financial hardship management services.

Sharing Information

The CILEx Benevolent Fund is part of the CILEx Group which includes the Chartered Institute of Legal Executives, CILEx Regulation Ltd and CILEx Law School.

In order to assess your application, the Trustees will need to make enquiries amongst the CILEx Group and will share appropriate data with Auriga Services who will work in partnership with the CILEx Benevolent Fund to administer your request.

Where sharing of data is necessary both parties will comply with all aspects of the Data Protection Act. Everything you tell us will be treated confidentially and will only be used for the purpose of processing your application.

During the application process Auriga Services will contact you on behalf of the Trustees.

I declare that the information I have given on this form is complete and correct to the best of my knowledge.

I authorise CILEx Benevolent Fund to share information with third parties where it is relevant to processing my application.

Signature

Print name

Please scan the completed form to benevolentfund@cilex.org.uk

CILEx Benevolent Fund is an independent Charitable Trust.

Trustees oversee the policy and development of the Trust.

The day-to-day management of the Trust is undertaken by Auriga Services Limited within guidelines and delegation set by the Trustees.

CILEx Benevolent Fund is a registered charity

Registered Charity No: 295527