



BENEVOLENT FUND ASSISTANCE REQUEST FORM

FULL NAME	
ADDRESS	
POST CODE	
TELEPHONE NUMBER	MEMBERSHIP NUMBER
EMAIL ADDRESS	

NATURE OF ILLNESS OR INCAPACITY *Please provide documentary evidence from your Doctor, Hospital or other healthcare professional*

EXPECTED PERIOD OF ILLNESS OR INCAPACITY

DATE YOU WERE LAST EMPLOYED AS A MUSICIAN

HAVE YOU APPLIED TO THE MUSICIANS UNION BENEVOLENT FUND BEFORE? *(If YES, please give details)*

HAVE YOU APPLIED TO ANY OTHER ORGANISATION FOR ASSISTANCE? *(If YES, please give details)*

PLEASE GIVE DETAILS OF ANY INCOME OR OTHER MEANS OF FINANCIAL SUPPORT YOU CURRENTLY HAVE (E.G. FROM WORK OR STATUTORY PAY/OTHER BENEFITS)

PLEASE GIVE DETAILS OF ANY FINANCIAL OBLIGATIONS (E.G. RENT/MORTGAGE, COUNCIL TAX, UTILITY BILLS) YOU ARE HAVING DIFFICULTY MEETING AS A RESULT OF YOUR CURRENT CIRCUMSTANCES.

--

NO. AND AGES OF ANY DEPENDANTS

ANY ADDITIONAL INFORMATION TO SUPPORT YOUR CLAIM *(Continue on a separate sheet if necessary)*

--

If your request is successful payment will be made direct to your account, please provide your bank details.

BANK SORT CODE
ACCOUNT NO
NAME ON THE ACCOUNT
ACCOUNT REFERENCE <i>(If applicable)</i>

SIGNED	DATE
--------	------

For Musicians Union use ONLY.

APPROVED BY REGIONAL COMMITTEE ON	AMOUNT APPROVED £
SIGNED	<i>(Regional Organiser)</i> BUDGET CODE 870200