

In Confidence When Completed
The Oil Chaplaincy Trust Limited

APPLICATION FORM

Name.....

Address.....

.....

..... **Tel. No**

Contact Address (If different from above)

.....

..... **Tel. No.**

Date of Birth

Marital Status (Married/ Widowed/ Divorced/etc.)

Next of Kin**Relationship (Wife/Child etc.)**

Contact Address.

.....**Tel. No.**.....

Names and ages of Dependants (please state relationship)

.....

.....

.....

.....

In Confidence When Completed

EMPLOYMENT DETAILS

**Did/do your or your immediate family work in the Oil Industry?
(please state which member of your immediate family)**

.....
.....

Oil Industry Employer's Name (1).....

Address.....

..... **Tel. No**

Job Title Department

Name of Supervisor/Manager.....

Dates of Employment

Oil Industry Employer's Name (2).....

Address.....

..... **Tel. No**

Job Title Department

Name of Supervisor/Manager.....

Dates of Employment

Oil Industry Employer's Name (3).....

Address.....

..... **Tel. No**

Job Title Department

Name of Supervisor/Manager.....

Dates of Employment

What further training have you received/sought to facilitate alternative employment?

.....

In Confidence When Completed

Details of Family Health

You

Spouse/Partner

Dependants

Doctor's Name/ Address

Consultants Name/ Address

Social Worker/ Health Visitor's Name/ Address

CURRENT SITUATION

Brief Description of Reason for Claim

What help do you seek from the Trust?

What funds do you require?

(NB Please be aware that this Trust cannot make awards for mortgage/interest payments, council tax arrears or loan repayments)

In Confidence When Completed

FINANCIAL DETAILS

**PLEASE ENSURE - ALL - AMOUNTS ARE CALCULATED ON - EITHER -WEEKLY -
OR - A MONTHLY BASIS.
FAILURE TO ADHERE TO THIS WILL DELAY YOUR APPLICATION BEING
PROCESSED.**

<u>Family Income</u>		<u>Expenditure</u>	
salary/pension (claimant)	.....	mortgage	.....
salary/pension (partner)	.....	rent	.....
income support	.....	council tax	.....
unemployment benefit	.....	Insurances	.....
sickness benefit	.....	*loans	.....
disability living allowance	.....	*hp	.....
invalidity benefit	.....	*credit cards	.....
invalid care allowance	.....	child maintenance	.....
attendance allowance	.....	telephone	.....
child benefit	.....	gas	.....
other	.....	electricity	.....
		food	.....
		petrol	.....
		clothes etc.	.....
TOTAL (week/month)	£.....	other	.....
		

TOTAL (week/month) £.....

1 Please give outstanding balances/ details on the items marked *

.....
.....
.....

2 Please give details of any outstanding/anticipated expenditure not covered in the usual weekly/monthly out-goings listed above.

.....
.....

CASH AVAILABLE

Bank **Building Society** **Other**

