**IOP BENEVOLENT FUND APPLICATION FORM**

To support your request for financial assistance from the Institute of Physics and its Benevolent Fund please can you provide some information in the box below about your situation and the reason for your application.

**Please note that the aim of The Benevolent Fund is to provide ‘one off’ short term financial assistance to an individual who is suffering extreme financial hardship because of a sudden and unexpected illness/injury, event, or situation.**

Please summarise in the box what financial support you feel you will need and how you might expect our support to enable you to return to a sustainable position.

Please provide a summary of your current net family income and expenditure, including your best estimate of your future income and minimum necessary expenditure indicating the support you would need from us in the forms below.

\*Under expenditure includes monthly amounts for the following: rent/mortgage, food and essentials, energy and other utilities including internet, council tax, other existing loans and/or credit card commitments. Please complete Appendix 1 and feel free to add details of other sources of financial support for which you have applied (including from the government) and where available give the outcome of such applications.

**Personal Details**

Surname: ………………………………………………… Forename(s) ……………………………………………………………

Nationality: …………………………………………….. Visa Status: (if applicable) ………………………………………

Date of Birth: …………………………………………. IOP/IPEM Membership No. …..………………………………..

Address: ……………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………

Email: …………………………………………………… Contact No. …………………………………………………………….

Details of family dependents (including their dates of birth): …………………………………………………………….

………………………………………………………………………………………………………………………………………………………......

**Current Employment/Study Status**

Student: Y/N - If yes, please indicate status of studies:……………………………………………………………………….

Permanent employment (on PAYE): Y/N Full/Part Time …………………..

On a short-term contract: Y/N When does the contract end? ………………………………..

Self-employed Y/N Date you last worked ……………………………………………..

Are you getting any help from the government? Y/N

Unemployed: Y/N Date you last worked ………………………………………………

Are you receiving any financial help from the government? Y/N, if yes please provide details below:

…………………………………………………………………………………………………………………………………………………………..

What other financial assistance (if any) have you applied for, including any other grants or hardship funds? ……………………………………………………………………………………………………….......................................................

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**Household Income and Expenditure**

Prior to onset of issue causing hardship

|  |  |  |
| --- | --- | --- |
| **Month** | **Total net family Income** | **Total Expenditure\*** |
|  |  |  |
|  |  |  |
|  |  |  |

Post issue causing hardship

|  |  |  |
| --- | --- | --- |
| **Month** | **Total net family Income** | **Total Expenditure\*** |
|  |  |  |
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|  |  |  |

Estimated shortfall of income over the next three months: ……………………………………………………………...

…………………………………………………………………………………………………………………………………………………….........

Any other information you think may assist us in assessing your application:

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**PLEASE NOTE: For reasons of financial security and the prevention of fraud the Trustees reserve the right to seek independent validation of details disclosed in this application. By proceeding with your application, you are deemed also to be granting implied consent for such enquiries to be made by or on behalf of the Trustees. All information obtained in this way will be treated strictly in confidence.**

**Additionally, it is common practice for us to obtain a confidential reference from a suitable professional referee, i.e., University Supervisor, Employer or similar. Please provide the name and email contact details of a referee and sign to demonstrate your agreement to us contacting them and sharing the information provided in this form.**

**Name of Referee; ……………………………………………………………………………………**

**Position:……………………………………………………………………………………………….**

**Professional Email Address: …………………………………………………………………….**

**Your Signature: ………………………………………………………………………………………**

**Please return your completed form by email to** [**benfund@iop.org**](mailto:benfund@iop.org)

Information requested on this form is solely for the purpose of assessing your eligibility for financial assistance from the IOP Benevolent Fund or under one of its initiatives with the Institute of Physics. It will be treated in strict confidence and stored, only for as long as is necessary, on a secure database.

Institute of Physics Benevolent Fund, 37 Caledonian Road, London, N1 9BU. Charity number 209746

**Appendix 1**

Please complete to provide us a detailed breakdown of your current/forecasted income/expenditure

|  |  |
| --- | --- |
| **Income Type (Current)** | **Amount** |
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| --- | --- |
| **Expenditure Type (Current)** | **Amount** |
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