

Application Form

Case ref:

Please return the completed form to:
Members Fund Officer, Incorporated Society of Musicians, 10 Stratford Place, London W1C 1AA
caroline@ism.org

Your professional work

Are you employed / self-employed / part employed and part self-employed / not working?
(Please delete those which do not apply)

If employed, please give details of your current employer	
Name	
Your job title	
Date this employment started	

If self-employed, please give details of the nature of your work	
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Your partner's work

Is your partner employed / self-employed / part employed and part self-employed / not working ? (Please delete those which do not apply)

If employed, please give details of current employer	
Name	
Job title	
Date this employment started	

If self-employed, please give details of the nature of the work	
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Please give details of your partner's membership of any professional bodies	
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Your household income

		Yourself	Your partner	Office use only
Earnings - amount per month net of income tax and National Insurance deducted	income from employment			
	self-employed income			
Pensions - monthly	private/occupational state pension			
Welfare benefits - weekly	jobseeker's allowance			
	employment and support allowance			
	incapacity benefit			
	income support			
	disability living allowance			
	carer's allowance			
	pension credit			
	attendance allowance			
	child benefit			
	other			
Welfare benefits - monthly	working/child tax credit			
	housing benefit			
	council tax benefit			
	other			
Investment income - monthly	interest			
	dividends			
	other			
Rents received - monthly				
Help from family - monthly	child support			
	other			
Any other income (please specify)				
MINUS tax paid if any of the figures above are gross of tax				
TOTAL				

Your household expenditure

		Yourself	Your partner	Office use only
Rent	monthly			
Mortgage	monthly			
Care home fees	monthly			
Service charges	monthly			
Council tax	monthly			
Water charges	monthly			
Gas	monthly			
Electricity	monthly			
Other fuel	monthly			
Food and household goods	weekly			
Home help / domestic care	weekly			
Clothing and footwear	annual			
Telephone/mobile/internet	monthly			
Pay-TV charges/equipment rental	monthly			
TV licence	annual			
Pets	monthly			
Motoring costs - tax	annual			
- insurance	annual			
- petrol	weekly			
Other travel costs	monthly			
Insurances - building and contents				
- medical	annual			
- life	annual			
- other	annual			
Child support paid	monthly			
Pension scheme payments	monthly			
Debt servicing - bank loans	monthly			
- credit cards	monthly			
- hire purchase	monthly			
- other	monthly			
Other regular expenditure (please specify)				
TOTAL				

Your capital

Please show the value of these assets	Yourself	Your partner
Bank and building society deposits		
Stocks and shares / ISAs		
Other savings		
Owned property - main home		
- other		
Other (please specify)		

Your debts

Please show the amounts outstanding	Yourself	Your partner
Mortgage		
Bank loans		
Bank overdraft		
Credit cards		
Hire purchase loans		
Arrears on household bills		
Loans from family and friends		
Other (please specify)		

Applications to other charities

Please give details of any other charities to which you are applying or have applied.

Name of charity	Date of your application	Assistance received

Additional information

Please provide any additional information in support of your application. This should include details of any relevant medical condition or disability and any recent changes in your circumstances or changes which are about to occur.

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Your personal details

Surname	
First names	
Address	
	postcode
Telephone	home
	mobile
Email	
Date of birth	
Marital/partnership status	
ISM membership number *	

* Or, if you are not an ISM member, please give the name of the member to whom you are connected and your relationship to the member.

Family details: your partner

Name	
Date of birth	
Occupation	

Family details: your children and other dependants

Name	Date of birth	Relationship to you	In full-time education or working?	Amount by which you assist them	Living with you?

Consent (To be signed by both you and your partner)

I/we declare that, to the best of my/our knowledge, the information provided above is accurate.

I/we consent to the processing by ISM staff of the data I/we have provided on this form and in other communications with the ISM Members Fund. I/we consent to the disclosure of the same data by ISM staff, where necessary for purposes of assessing my/our application for assistance, to other charities and organisations. I/we further consent to the processing of the data by these charities and organisations.

Signed _____ (applicant) _____ Date _____

Signed _____ (applicant's partner) _____ Date _____