



The GPs' own charity

The **Cameron** Fund

**APPLICATION FOR ASSISTANCE SUBMITTED BY A GENERAL MEDICAL PRACTITIONER OR HIS/HER DEPENDANT(S)**

**Name of Applicant**

Address

Postcode

Tel Landline

Tel Mobile

Date of Birth

Marital Status

**Spouse/Partner's name**

Spouse / Partner's Date of Birth

**Children**

Name

Name

Surname

Surname

Date of Birth

Living with you? (Y/N)

Date of Birth

Living with you? (Y/N)

Name

Name

Surname

Surname

Date of Birth

Living with you? (Y/N)

Date of Birth

Living with you? (Y/N)

**Name of General Practitioner** *(if not applicant)*

**Information about General Practitioner** *(either the applicant or the person above)*

Primary Medical Qualification

GMC Reference No.

GP Register No.

Details of most recent GP posts *(attach cv)*

Dates held

If you are not a General Practitioner applicant - state your relationship to the General Practitioner named above.

**Please state why you are making an application to the Cameron Fund**

**Income***Please state full details of your income from all sources***Self  
£****Spouse/Partner  
£****Salary/Earnings***(Weekly/Monthly) (If you are a GP Partner please send latest accounts)*

Working Tax Credit

Children's Tax Credit

**Pensions** *(Weekly/Monthly)*

State Pension

Occupational Pension

Annuities

Pension Guarantee Credit

Savings Credit

**Benefits** *(Weekly Sum)*

Child Benefit

Job Seekers Allowance

Incapacity Benefit

Income Support

Employment and Support Allowance

Attendance Allowance

Disability Living Allowance

Council Tax Benefit

Housing Benefit

Other Benefit e.g. *Industrial Injury Benefit, Winter Fuel Payment.****If you are receiving State Benefits please send, with this form, a copy of the most recent letter from the DWP setting out how your benefit has been calculated.*****Other Income****Self  
£****Spouse/Partner  
£**

Bank Interest

Maintenance Payments

Investment Income

Rental Income

Other Charitable Grants

Trust Fund Income

Assistance From Relatives

Other *(please specify)*

**Essential Expenditure**

£

Mortgage repayment monthly \_\_\_\_\_

Rent monthly *(please state the sum before Housing Benefit)* \_\_\_\_\_

Home Care Fees weekly \_\_\_\_\_

Ground Rent / Service Charges annual cost \_\_\_\_\_

Council Tax annual cost \_\_\_\_\_

Water Rates annual cost \_\_\_\_\_

Fuel costs monthly *(gas, electricity, oil)* \_\_\_\_\_

Buildings Insurance annual cost \_\_\_\_\_

Contents Insurance annual cost \_\_\_\_\_

Professional subscriptions annual cost e.g. GMC,MDU \_\_\_\_\_

Interest on loans/overdrafts monthly ex. mortgage \_\_\_\_\_

Minimum credit card payments monthly \_\_\_\_\_

Essential travel costs for work, school, medical appointments \_\_\_\_\_

Child care costs \_\_\_\_\_

Other essential costs *(excluding food and clothes)* \_\_\_\_\_**Your Accommodation**

Provide a full description of your home. e.g. House / Flat; Detached / Semi-detached; No of bedrooms and bathrooms.

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**State whether you are:** *(please tick)*
 An owner-occupier   
 a tenant / living with friends or relatives   
 other *(specify)*.
**For Home Owners**

£

Value of Original Mortgage \_\_\_\_\_

Value of Mortgage Outstanding \_\_\_\_\_

Type of Mortgage *(please tick)*
 repayment   
 endowment   
 interest only

**Assets**

<b>Bank/Building Society/ Post Office</b>	<b>Account Type</b> <i>e.g. current deposit</i>	<b>Balance/Self</b> <b>£</b>	<b>Balance/Partner</b> <b>£</b>

**Savings Certificates/Bonds/Shares/Stocks** *Please state other investments held by you or your spouse/partner individually or jointly e.g. ISAs, Endowment Policies, Premium Bonds, Unit Trusts, National Savings Certificates providing details of the number held and value.*

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**Vehicles and All Other Property** *Please list all other property owned by you or your spouse/partner individually or jointly stating date of purchase, purchase value and estimated current value both in the UK and overseas. Include make and model of cars / motor bikes / boats.*

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**Debts**

*Please list all debts other than your primary mortgage that you and your spouse/partner owe either individually or jointly and provide supporting documentation with this form, e.g. statement.*

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**Referees**

Please provide the names and addresses of two referees who have personal knowledge of your situation.  
*Note: one referee should be a member of the medical profession. Neither referee should be a relative.*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Assistance from Other Sources**

Please provide the names of any other charitable organisation to which you have applied for assistance or which is currently providing you with assistance.

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

*Note: If you are applying for assistance with your spouse/partner, both parties are to sign below*

Each of the signatories below declares that all questions on this form have been truthfully answered and that all details are correct. Where details or information about spouses, life partners, children, dependants, or other people have been provided, I/we confirm that I/we have done so with their consent.

I/We agree to receive a visit from a trustee or members of staff of the Cameron Fund.

*Note: All trustees are general practitioners*

I/We consent to Cameron Fund trustees and staff processing and storing the data both provided on this form and included in any communication from me or from my referees. I/We permit the disclosure of this data to other charities or bodies that, in the sole discretion of the Cameron Fund, may be able to provide assistance to me/us or my/our household. I/We also consent to the staff of these organisations processing and storing data disclosed to them.

I/We undertake to inform the Cameron Fund immediately of any changes in my/our circumstances, e.g. *receipt of a legacy, an offer of employment.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Cameron Fund confirms that it holds all data it receives securely and in accordance with Data Protection principles. The Cameron Fund is registered with the Information Commissioner: Reg. no. Z4461076.