# **Application form**

Please complete all section of this form.

If you have any questions or need help, please email office@abf.org.uk, or ring 020 7836 6378.



### 1. Personal details

Name		Professional name			
E-mail	Telephone n	umber	Mobile telephone number		
Address	National Insurance				
	Date of B	irth	No. of children under 18		
	Marital St	ratus			
Are you a carer for another family member If yes, please give details	ś	Who do you live wit W spouse/partner/ch			
The Actors' Benevolent Fund supports actors, actresses and stage managers experiencing hardship due to illness, injury or old age. Please explain why you are asking the Fund for support at this time:					

## 2. About your Career

Please provide a copy of your professional CV with this application form

You must submit a supporting note from your GP or healthcare provider if you are currently unable to work because of illness or injury. The ABF will reimburse you any reasonable fee charged by your GP for this note.

How long have you worked as an	have you worked as an actor or stage manager?		Have you applied to us before?				
		Υ	'es	No			
Are you a member of Equity? If yes, please provide your membersh	ip number.	<b>Please provide us v</b> If you don't have a S					
3. Finances							
Your earnings last year							
What was your earned income from employment in the last financial year? Use the figure from your P60 or Self-Assessment declaration.							
Please do not include information about any benefits you receive in this section.				£			
Property you own							
Do you own your own home?							
Yes No							
If yes, how much is the balance on your mortgage, and over how many years are you repaying the debt?							
Balance £	Years						
Does anybody else share respons for paying the mortgage?		t is your monthly gage contribution?		Do you one pro	own more perty?	than	
	£			Yes	No		

		It yes, how much is the total monthly rent for the property?	What is your monthly rental contribution?				
Yes	No	£	£				
Your Deb							
		nal loans, overdrafts, credit cards, ny other unsecured debt you have:					
<b>Creditor</b> e.g. Barclay	s Bank	Amount owed e.g. £5,000	<b>Type of debt</b> e.g. Overdraft / Loan				
Your Say	ings						
	Your Savings What is the total value of your cash savings?  Do you have any investments e.g. stocks and shares						
		If yes,	olease provide details				
£							
Your Income							
-	-	current earned income:					
<b>Source of I</b> e.g. Salary f	ncome rom part-time job	Amount you receive e.g. £100	Frequency of payment e.g. Weekly / Monthly				

Property you rent

#### **Benefits**

Please provide details of any benefits you currently receive:

Name of benefit e.g. Personal independence Payment / Housing Benefit	Amount you receive e.g. £100	Frequency of payment e.g. Weekly / Monthly

#### Your Expenditure

Please provide details of your MONTHLY expenditure (excluding mortgage/rent payments):

Water	£
Gas	£
Electricity	£
Home insurance	£
Car insurance	£
Life insurance	$\mathfrak L$
TV, phone and internet	£
Food shopping	£
Travel (e.g. petrol or train travel costs)	$\mathfrak L$
Other (please give details)	£

#### Please provide bank statements covering the last two months

As part of your application we require copies of your last two months' bank statements. This should be from your 'main' current account from which these bills are paid.

### 4. Other Information

Are yo	ou a tax resid UK?	dent	If not, in which count	try are you r	egistered to pay tax?			
Yes	No							
theatr in add	ou applying tical charities ition to this ation to the		If so, which other cho	arities?				
Actors	' Benevolent I	Fund?						
Yes	No							
			unable to help you w us to share your details			Yes	No	
Where	e did you he	ar about the A	actors' Benevolent Fur	nd, e.g. adve	rt in The Stage/word of mo	outh/etc.	Ś	
5. \$	Signe	d Decla	ration					
			tor's note or letter from eceipt if you were charg	•				
	I declare tha	t the informatio	n provided in this applic	cation form is	true and correct.			
	contact us at We will proce have express and your applica you have mo applied to be a Friend of the years followi	ess your data be ess your data be ly requested this plication is succ tion is unsucces ade a donation ecome a Friend he ABF. If you h ng the date you	the methods available in ecause you have asked uses. Your data will be held ressful, we will keep your asful we will keep your data for the ABF we will keep ave successfully applied.	n the CONTA us to do so. N on computer r data for sev lata for one y or a period o your data fo I to become o	and becomes a 'data control CT section of this website of the other organisation will be and paper files in the UK ven years from the date that year from the date of our reference of seven years from the date of a period of seven years from the date of our member we will keep you cation for membership is up	about ho e given y . If you h it our sup ejection of the d om the c ur data fo	ow we use you your data unlawe applied apport to you before delet onation. If you date you ceasor a period of	ur data. less you for help ends. If ing it. If ou have se to be of seven
You have the right to: access the data held about you; correct any mistakes in the data we hold; make restrictions to the data we hold about you; object to us holding data about you; request that your data can be portable (shared easily with any other organisation), and; make a complaint. You can withdraw consent for us to hold your data at anytime by contacting us in writing, using the CONTACT section of this website. We do not use any automated systems to process your data.						d easily time by		
Date								
Name				Signature				

You need to send this application form together with your doctor's note (if applicable), bank statements, and CV by email, to office@abf.org.uk or by post to: Actors' Benevolent Fund 6 Adam Street London WC2N 6AD) We will contact you to confirm receipt of your application and explain what happens next. If you have any enquiries please call us on 020 7836 6378.