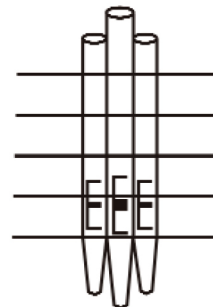


Organists Charitable Trust

Registered Charity Number 225326



APPLICATION FOR ASSISTANCE

CONFIDENTIAL

Please type or write in **BLOCK CAPITALS** and return the form to:

The Secretary, Organists Charitable Trust, 26 Fitzroy Square, London W1T 6BT

If there is insufficient space, please continue on a separate sheet and staple the sheet(s) to this form.

1. Personal Details

If your application is on behalf of another person, please give details of that person and your relationship to him/her.

Surname

Title: Dr, Mr, Mrs, Miss, Ms or other)

Forenames

All other names ever used (e.g. maiden name, professional name)

Date of birth

Address

Postcode

Telephone numbers

Email address, if applicable

Relationship to this person, if applicable

(please give your own contact details on a separate sheet, if applicable)

2. Reason for application

Please give the reason for your application, including the amount you need, and the expected duration of your difficulty:

3. Employment history

Please give details of all the organists' posts you have held:

	Dates
	Dates
	Dates
	Dates
	Dates
	Dates

Please give details of all other paid work in the last 5 years:

	Dates
	Dates
	Dates
	Dates
	Dates

4. Membership of professional bodies

Please give details of any professional body of musicians (e.g. ISM, MU, Equity) of which you are, or have been, a member.

Dates

Dates

Dates

5. Other charitable assistance

Please give details of any other bodies you have approached for financial assistance.

Date

Outcome

Date

Outcome

Date

Outcome

How did you hear of the Organists Charitable Trust?

6. Income

Please give details of your present annual income after deduction of tax and National Insurance.

Earnings

£

Pensions

£

State benefits

£

Interest from banks, building societies and other savings

£

Detail all your other means of financial support

£

Total annual income

£

Do you own, or are you buying your property?

If so, please state its approximate value

£

9. References

Please give contact details of two referees each of professional status (e.g. a member of the clergy, doctor or solicitor) to whom the applicant is well known.

1st Referee

Name

Profession

Address

Postcode

Telephone numbers

Email address, if applicable

2nd referee

Name

Profession

Address

Postcode

Telephone numbers

Email address, if applicable

Additionally, please ask each referee to complete the Reference Form and send it under separate cover to the Organists Charitable Trust.

10. Declaration and signature

NOTICE Data Protection Act 1998

The Trustees of the Organists Charitable Trust will use all your information to help them determine your eligibility for assistance and other related purposes. By providing this information you are giving your explicit consent to its use for this purpose.

I confirm that I have read and understood the form and that all information given is accurate.

Signature

Date

Print name