

# Application for annual grant or one off Grant from the Nautilus Welfare Fund



## **About You** Please provide the following details for you and your partner, or Joint Applicant.

We need you to send us proof of your identity and your address, so that we can process your application. We can't do this if you don't include this. This might be a copy of your passport or birth certificate, as well as a copy of a gas, water or electricity bill.

<b>Your Details</b>	<b>Joint Applicant</b>
Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick appropriate)	Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick appropriate)
Surname <input type="text"/>	Surname <input type="text"/>
Forename <input type="text"/>	Forename <input type="text"/>
Previous name (eg. maiden name) <input type="text"/>	Previous name (eg. maiden name) <input type="text"/>
Current address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Current address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Date of birth <input type="text"/>	Date of birth <input type="text"/>
National Insurance number <input type="text"/>	National Insurance number <input type="text"/>
First language <input type="text"/>	First language <input type="text"/>

## Your Contact Details

Home telephone number (including area code)

Mobile number

Email

Current address (if different from your details)

Postcode

## Your Contact Details

Home telephone number (including area code)

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Have you or your partner been a member of NUMAST, Nautilus UK or RMT or similar organisation?

Yes

No

If YES, give name of organisation, membership number and approximate dates of membership

This may help us verify your sea service, but it will not affect your application if you are not a member.

# Details of Household Members

Please give details of everyone else who is living with you.  
Please continue on a separate sheet if necessary.

**1** Surname  Date of birth  Do they have a disability?  
 Yes  No

Forname  Relationship to you

If NO, please give the current address

Do they live with you now?  
 Yes  No

**2** Surname  Date of birth  Do they have a disability?  
 Yes  No

Forname  Relationship to you

If NO, please give the current address

Do they live with you now?  
 Yes  No

# Where do you live now?

In this section, please give details of your current address.

What type of home do you live in now?

House     Bungalow     Sheltered housing     Hotel/Hostel     Maisonette  
 Flat     No fixed abode     Other (please specify)

If you live in a flat, what floor are you on?

When did you move into your current home?

How many bedrooms does your current home have?

Are you:-

Renting from a housing association     Living with friends or relatives  
 Renting from a private landlord     In a supported housing scheme  
 An owner-occupier/shared owner     Living in a hotel/hostel  
 Other (please specify)

Please give your current Landlord's name and address

<b>Present weekly income</b>	<b>You</b>	<b>Partner</b>
Earnings	£ <input type="text"/>	£ <input type="text"/>
State Retirement Pension	£ <input type="text"/>	£ <input type="text"/>
Family Allowance	£ <input type="text"/>	£ <input type="text"/>
Employment Support Allowance	£ <input type="text"/>	£ <input type="text"/>
Housing Benefit	£ <input type="text"/>	£ <input type="text"/>
War Pension	£ <input type="text"/>	£ <input type="text"/>
Attendance Allowance/Disability Living Allowance	£ <input type="text"/>	£ <input type="text"/>
Incapacity/Disablement Benefit	£ <input type="text"/>	£ <input type="text"/>
MNOPF/MNRPF	£ <input type="text"/>	£ <input type="text"/>
Company Pension	£ <input type="text"/>	£ <input type="text"/>
Seafaring Charity (Please state which charity)	£ <input type="text"/>	£ <input type="text"/>
Other Charitable Sources (give details)	£ <input type="text"/>	£ <input type="text"/>
Any other income not included above (ie. investments, rentals, savings or other sources)	£ <input type="text"/>	£ <input type="text"/>
Are you in receipt of Pension Credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Present weekly expenses</b>	<b>You</b>	<b>Partner</b>
Rent / Mortgage Repayments	£ <input type="text"/>	£ <input type="text"/>
Council Tax (after any rebate)	£ <input type="text"/>	£ <input type="text"/>
Total Utility bills (gas, water, electricity & phone)	£ <input type="text"/>	£ <input type="text"/>
Insurance(s)	£ <input type="text"/>	£ <input type="text"/>
Other Regular Expenses (food/travel) Housekeeping	£ <input type="text"/>	£ <input type="text"/>
<b>Total</b>	<b>£</b> <input type="text"/>	<b>£</b> <input type="text"/>

## Mortgages, Loans & Debts

Please give below details of any loans and debts owed, for example, to banks, landlord, catalogues etc.

Amount Borrowed	Amount Outstanding	Name of Lender	Weekly Repayment	Purpose of Loan
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Savings

Do you have any cash in the bank/building society or Post Office?  Yes  No  
If **Yes** give details

Type of account	Amount	Interest earned per year
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Do you have any other investments, i.e. Premium Bonds, Savings Certificates, Shares, Bonds and Investments?  Yes  No  
If **Yes** give details and amounts

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## You

Total sea service in years

Was service in the Merchant Navy or other maritime service? (eg. RFA)

Yes  No

(please give details)

Discharge book number (if known)

Rank

Dates of sea service

Commenced  Ended

Reason for leaving the sea

Was sea service terminated by illness/accident?

Yes  No

If Yes, give details

Was any service during wartime of similar hostilities in any area? (eg. Falklands or Gulf)

Yes  No

If Yes, give details

Have you worked ashore? If so, please give details

Job title

Name of company

Dates

Last company worked for

## Joint Applicant

Total sea service in years

Was service in the Merchant Navy or other maritime service? (eg. RFA)

Yes  No

(please give details)

Discharge book number (if known)

Rank

Dates of sea service

Commenced  Ended

Reason for leaving the sea

Was sea service terminated by illness/accident?

Yes  No

If Yes, give details

Was any service during wartime of similar hostilities in any area? (eg. Falklands or Gulf)

Yes  No

If Yes, give details

Have you worked ashore? If so, please give details

Job title

Name of company

Dates

Last company worked for



## Additional info

Please tell us anything else that you would like us to know about your application.

**You**

**Joint Applicant**

## Declaration

### The information I have given in this form is true, I understand the following

- You will put the information I have provided on your computer and use it to assess my application.
- You will keep the information confidential and hold it in line with the Data Protection Act 1998. You will only pass this information to another person if this will help you to process my application.
- You may make enquiries about my application with other agencies.
- If I give false information, you may take action against me to end any contract or payment you give me.
- If required I accept I will provide proof of the information provided in this form.
- I must tell you immediately if any of the information in this application changes.
- You agree to a regular review of your circumstances.
- You agree to a home visit.

Your signature

Date

 /  / 

Joint Applicant signature

Date

 /  / 

## Equal Opportunities

It is against the law to discriminate against anyone because of their gender, marital status, race, colour, ethnic origin, nationality, disability or religious beliefs. Nautilus International is committed to ensuring that all applicants are treated fairly. In order to check that this policy is carried out, it would be helpful if you could answer the questions following. This information will remain strictly confidential.

**Please note:** You are not obliged to complete this section and your application will not be affected in any way.

# Disability

Under the Disability Discrimination Act 1995, a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day-to-day activities.

Do you consider that you meet this definition of disability?

You  Yes  No

Joint Applicant  Yes  No

If YES please state the nature of the disability

Visual Impairment  Mental Health Disability

Hearing Impairment  Learning Disability

Mobility Disability  Communication Difficulties

Other (please specify)

# Ethnic/Racial Origin

You	Joint Applicant	You	Joint Applicant
<input type="checkbox"/>	<input type="checkbox"/> White British	<input type="checkbox"/>	<input type="checkbox"/> Asian/Asian British – Indian
<input type="checkbox"/>	<input type="checkbox"/> White Irish	<input type="checkbox"/>	<input type="checkbox"/> Asian/Asian British – Pakistan
<input type="checkbox"/>	<input type="checkbox"/> White Other	<input type="checkbox"/>	<input type="checkbox"/> Asian/Asian British – Bangladesh
<input type="checkbox"/>	<input type="checkbox"/> Black British	<input type="checkbox"/>	<input type="checkbox"/> Asian/Asian British – Other
<input type="checkbox"/>	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/> Mixed – White & Black Caribbean
<input type="checkbox"/>	<input type="checkbox"/> Black African	<input type="checkbox"/>	<input type="checkbox"/> Mixed – White & Black African
<input type="checkbox"/>	<input type="checkbox"/> Black Other	<input type="checkbox"/>	<input type="checkbox"/> Mixed – White & Asian
<input type="checkbox"/>	<input type="checkbox"/> Chinese	<input type="checkbox"/>	<input type="checkbox"/> Mixed – Other
<input type="checkbox"/>	<input type="checkbox"/> Any other ethnic group (please specify)		

You

Joint Applicant