

In Confidence When Completed

The UK Oil & Gas Chaplaincy Trust SCIO
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APPLICATION FORM

Name.....

Address.....

.....

Telephone: (H).....(M).....

Contact Address (If different from above)

.....

Telephone: (H).....(M).....

Date of Birth

Marital Status (Married/ Widowed/ Divorced/etc.)

Next of KinRelationship (Wife/Child etc.)

Contact Address..

.....Tel. No.....

Names and ages of Dependants (please state relationship)

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EMPLOYMENT DETAILS

**Did/do you or your immediate family work in the Oil Industry?
(Please state which member of your immediate family)**

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Oil Industry Employer's Name (1).....

Address.....

Telephone:

Job Title Department

Name of Supervisor/Manager.....

Dates of Employment

Oil Industry Employer's Name (2).....

Address.....

Telephone:.....

Job Title Department

Name of Supervisor/Manager.....

Dates of Employment

Oil Industry Employer's Name (3).....

Address.....

Telephone:

Job Title Department

Name of Supervisor/Manager.....

Dates of Employment

What further training have you received/sought to facilitate alternative employment?

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Details of Family Health

You

.....

Spouse/Partner

Dependants

.....

.....

Doctor's Name/ Address

.....

Telephone:.....

Consultants Name/ Address

Telephone:.....

Social Worker/ Health Visitor's Name/ Address

Telephone:.....

CURRENT SITUATION

Brief Description of Reason for Claim

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What help do you seek from the Trust?

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What funds do you require?

(NB Please be aware that this Trust cannot make awards for mortgage/interest payments, council tax arrears, loans or loan repayments)

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FINANCIAL DETAILS

PLEASE ENSURE - ALL - AMOUNTS ARE CALCULATED ON A WEEKLY OR MONTHLY BASIS. FAILURE TO ADHERE TO THIS WILL DELAY YOUR APPLICATION BEING PROCESSED.

<u>Family Income</u>		<u>Expenditure</u>	
Salary/Pension (claimant)	.....	Mortgage	.....
Salary/Pension (partner)	.....	Rent	.....
Income Support	.....	Council tax	.....
Unemployment Benefit	.....	Insurances	.....
Sickness Benefit	.....	*Loans	.....
Disability Living Allowance	.....	*HP	.....
Invalidity Benefit	.....	*Credit Cards	.....
Invalid Care Allowance	.....	Child Maintenance	.....
Attendance Allowance	.....	Telephone	.....
Child Benefit	.....	Gas	.....
Other	.....	Electricity	.....
	.....	Food	.....
	.....	Petrol	.....
		Clothes etc.
		Other
		
TOTAL	£.....	TOTAL	£.....

PLEASE INDICATE IF TOTALS ARE WEEKLY OR MONTHLY.....

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1 Please give outstanding balances/ details on the items marked *

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.....

2 Please give details of any outstanding/anticipated expenditure not covered in the usual weekly/monthly out-goings listed above.

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CASH AVAILABLE

Bank **Building Society** **Other**

