



# APPLICATION FORM

## APPLICATION CRITERIA

Please read the following guidelines carefully **before** completing this application form. **If you do not meet the required criteria, or are requesting assistance for things that we do not support, your application will not be considered.**

If you require further assistance or guidance for the completion of this form, please contact us on 01234 831888 or [info@thehairdresserscharity.org](mailto:info@thehairdresserscharity.org)

We accept applications for assistance based on the following criteria:

- Anyone **currently** working in the hair/beauty industry (and has done so for a minimum of **3** years); OR
- Anyone who has **previously** worked in the hair/beauty industry (for a minimum of **5** years, and the last position held was **no longer than 15 years ago**)

Help may be needed personally or for immediate family, including spouses/partners, parents, children or grandchildren (in full-time education or up to the age of 18), or other dependents.

To help applicants decide whether or not to apply, and to help the management committee reach consistent decisions which are fair to all applicants, help is provided to applicants who:

- become ill or disabled
- have a terminal illness
- suffer mental health problems
- are homeless
- become carers for elderly relatives, children, spouses/partners or other dependents
- have suffered a bereavement, often the main bread-winner
- don't have enough income or pension to meet their basic needs due to additional hardship

We do not normally provide assistance towards:

- individuals who have savings of more than £500, or whose income is significantly higher than their expenditure
- business start-up costs
- debt
- bankruptcy fees
- funeral costs
- rent arrears
- major house repairs or renovations

**You MUST include with your application:** two months' full, recent bank statements for each bank account you hold (personal & joint accounts) [and the same for every adult living in the household], medical evidence (doctors/hospital letters) if relevant, proof of qualifications and a supporting letter.

**Please return your completed form to:**

The Hairdressers' Charity, 1<sup>st</sup> Floor, 1 Abbey Court, Fraser Road,  
Priory Business Park, Bedford, MK44 3WH

## APPLICANT'S PERSONAL DETAILS

Title	First Name(s)	Surname	Date of Birth	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Address: (incl. postcode)

Contact Numbers:

Home:	<input type="text"/>
Mobile:	<input type="text"/>

Email Address:

Are you: *(Please tick appropriate box)*

\*Married  Co-habiting  Divorced  Separated  Widowed  Separated  Single

\*If married/co-habiting, is your partner wholly dependent on you? Yes  No

Does your partner contribute to the household income? Yes  No

Please list your children's name(s) (if applicable) and date(s) of birth:

Full Name(s):	Age	Date(s) of Birth:	Full-Time Education? If Yes, please state school/college name.
<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"/>

If you have adult children, do they support you?

\*Yes  No

\*If yes, please state the amount(s) per month:

£ \_\_\_\_\_

If married/co-habiting, does your partner support you?

Yes  No

## PROFESSIONAL DETAILS

Applications for assistance are accepted from individuals currently working in the hair/beauty industry (for a minimum of 3 years), or from individuals who have previously worked in the hair/beauty industry (for a minimum of 5 years, not more than 15 years ago).

Please indicate if you work/worked in the **hairdressing**  or **beauty**  industry.

How long have you worked, or did you work, in the industry? \_\_\_\_\_

Are you still working? \*Yes  \*\*No

\*If Yes, what are your monthly earnings? £ \_\_\_\_\_

\*\*If No, what year did you leave your last hair or beauty position? \_\_\_\_\_

Where did you train? \_\_\_\_\_

Please list below your relevant industry qualifications (enclose copies of certificates), and provide a brief CV history of your employment within the hair/beauty industry:

Hair/Beauty Industry Qualifications	Dates Attended

Employer (Hair/Beauty Industry)	Position Held	Dates Employed [To - From]	Reason for Leaving

Do you currently own your own salon? \*Yes  No

\*If yes, please provide the name and address of the salon(s):

Name of Last Employer:	Address:	Contact Details:	Date of Leaving:	Reason for Leaving:

## MEDICAL STATEMENT

Please tick one of the following statements:

I am not disabled

I am long-term disabled

I am temporarily disabled

If you are disabled or suffer from ill health which prevents you from working, please provide full details below and enclose recent Doctors/Hospital correspondence regarding your condition/treatment.

GP Name:	Practice Name and Address:	Tel No.:
Medical Condition(s):		

## FINANCIAL STATEMENT

Please list **ALL** persons currently living in your household:

Title	Forename	Surname

Do you (or anyone in your household) own the property you live in? Yes  No

Please state the current market value of the property: £ \_\_\_\_\_

The (approx.) amount outstanding on the mortgage (if applicable) £ \_\_\_\_\_

Do you (or anyone in your household) have any savings? \*Yes  No

If \*Yes, please state the approximate amount: £ \_\_\_\_\_

Please complete details of your household **MONTHLY** income and expenditure. Please include details of income/benefits received by **ALL** persons living at your address:

INCOME (Please list for ALL members of household)	Monthly £	EXPENDITURE	Monthly £
Your Wages:		Rent/Mortgage:	
Other Wages: (List applicable persons)		Council Tax	
		Utilities: (Gas/Electric/Water)	
		Telephone/Internet:	
Benefits:		Car/Travel costs:	
		Food:	
		Clothes & Shoes	
		Insurance: <i>(please specify)</i>	
		Loan repayments:	
		Other: <i>(please specify)</i>	
<b>Total:</b>	<b>£</b>	<b>Total:</b>	<b>£</b>

**YOU MUST PROVIDE 2 full copies of the most recent Bank, Post Office or Building Society statements for ALL adults that contribute to your household income (through wages and/or benefits).**

## DETAILS OF ASSISTANCE REQUIRED

How did you hear about The Hairdressers' Charity? \_\_\_\_\_

Are you seeking **long term**  or **short term**  assistance?

Please give details of what type of assistance is being requested:

Have you previously applied for assistance from [The Hairdressers' Charity/HABB]?

\*Yes  No

\*If yes, what was it for, and was it granted? \_\_\_\_\_

Have you applied to any other charities for assistance in the last 5 years? \*Yes  No

\*If yes, please provide the full name, address and contact details:

Please state the amount of assistance granted £ \_\_\_\_\_

**Disclaimer:** I hereby certify that all statements made in this application are true and I have not made an application for assistance to any other charity in Great Britain or elsewhere except as indicated in this application. I undertake to inform you of any changes in my circumstances that might affect any decision to grant me assistance. I realise that I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

**Signed**  **Print Name**  **Date**

If you are applying on someone else's behalf, please state your name and relationship to that person:

### CHECKLIST

**Do you meet the application criteria?**

**Have you completed EVERY section of the application form?**

**Have you enclosed two full, recent bank statements for EVERY bank/building society account you hold, and for each adult that contributes to your household income?**

**Have you enclosed copies of your industry qualification certificates?**

**Have you included medical evidence, if appropriate (doctors/hospital letters)?**

**Have you provided a covering letter detailing your circumstances and outlining why assistance is required from the charity**