

**APPLICATION TO THE SICKLE CELL SOCIETY  
RALMA FAULKNER WELFARE FUND**

**PLEASE COMPLETE ALL PARTS OF THE APPLICATION FORM**

NAME OF APPLICANT: \_\_\_\_\_

(if client is a child, name of Guardian)

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

DETAILS OF HB TYPE: \_\_\_\_\_ (enclosed written confirmation)

Is the application on behalf of another person, if so please give details

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

DETAILS OF HB Type: \_\_\_\_\_ (enclosed written confirmation)

NAME OF GP: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

NAME OF HOSPITAL CONSULTANT: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

DETAILS OF REFERRAL AGENT

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

TYPE OF ACCOMMODATION: \_\_\_\_\_

NUMBER OF PEOPLE OCCUPYING ACCOMMODATION: \_\_\_\_\_

Married, Civil Partnership, Separated, Divorced, Widowed, Single (delete, if not applicable)

WEEKLY INCOME

	CLIENT (or parent if client is a child)	PARTNER
INCOME FROM EARNINGS (FROM P60)	£	£
INCOME FROM SELF -EMPLOYMENT	£	£
INCOME FROM PENSIONS (STATE/ OTHER)	£	£
INCOME SUPPORT	£	£
GUARDIANS ALLOWANCE	£	£
CHILD BENEFIT	£	£
DISABILITY PENSION/BENEFIT (DISABILITY REG No:            )	£	£
FAMILY/CHILD TAX CREDIT	£	£
HOUSING/COUNCIL TAX BENEFITS	£	£
BANK/BUILDING SOCIETY INTEREST (BEFORE TAX)	£	£
INCOME FROM PROPERTY, LETTING/ RENTS	£	£
ANY OTHER INCOME (NOT INCLUDED ABOVE I.E REDUNDANCY, INVESTMENTS, CHILD SUPPORT PAYMENTS.)	£	£

WEEKLY EXPENDITURE

Rent/Mortgage	£
Council Tax	£
Electricity	£
Gas	£
Telephone	£
Food	£
Other	£

HAS YOUR CLIENT MADE A PREVIOUS APPLICATION TO THE WELFARE  
FUND? YES/NO if YES, please state when \_\_\_\_\_

was the application successful? \_\_\_\_\_

TOTAL COST OF ITEM : \_\_\_\_\_

TOTAL REQUEST FROM THE SICKLE CELL SOCIETY: \_\_\_\_\_  
(Please attach pro forma to verify cost)

HAVE YOU APPLIED FOR FINANCIAL SUPPORT FROM OTHER CHARITIES  
OR FROM ANY GOVERNMENT AGENCY? If so, please give details

\_\_\_\_\_  
\_\_\_\_\_

Please state the full name of the person to whom the cheque should be made payable  
to:

\_\_\_\_\_

NB: Cheques cannot be made payable to the applicant.

#### SUPPORT STATEMENT

Please use this section to state the reason for the request for financial assistance and  
why consideration should be given to this application.

Continue on separate sheet if necessary

APPLICANTS SIGNATURE: \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

## **CHECKLIST**

Please ensure that the following documents  
are enclosed with the application:

Confirmation of HB Status  
Pro Forma Invoice  
Support Statement Section Completed  
Completed Membership Form (if not a member).

Omission of any of these items may result in a delay  
in processing this application.

If you are not a member of the Sickle Cell Society your application will  
not be processed.

**RETURN TO:**

Ralma Faulkner Welfare Fund Committee  
Sickle Cell Society  
54 Station Road  
London NW10 4UA

Tel: 020 8961 7795/4006