

Application for Financial Assistance



Backup – The Technical Entertainment Charity (TECH) is a registered charitable organisation which provides to qualified Eligible Persons financial assistance for emergency situations due to accident, serious illness, injury or death. Grants may be used for medical care, funeral expenses and living expenses including rent, mortgage, utilities, transportation and childcare.

An Eligible Person is an individual who currently resides in the United Kingdom and has earned their living for a minimum of five years in the entertainment technology industry, or an immediate family member of such individual, including his or her spouse, domestic partner or dependent children. An eligible person does not need to be currently working in the industry as long as the time out of the industry is less than the total time worked in the industry. Performing artists are not eligible. Final determination of eligibility is at the sole discretion of the Board of Trustees of Backup the Technical Entertainment Charity.

Applications can be submitted on behalf of an Eligible Person by a legal guardian or a person acting pursuant to a valid power of attorney or under other legal authority. Applications may also be submitted on behalf of an eligible grantee by an individual acting in the best interests of the grantee regardless of legal status if no one of legal status is capable of acting or available to act on the grantee's behalf. Applications may be submitted by a surviving family member of an eligible grantee. Applications must be completed in full.

Date of Application:

Name of Eligible Person:

Address:

City/Town:

Postcode:

Occupation:

Home Phone:

Work Phone:

Mobile:

Email:

If you are applying on behalf of an Eligible Person, please complete the information below:

Name of Applicant:

Relationship to Eligible person:

Address:

City/Town:

Postcode:

Home Phone:

Work Phone:

Mobile:

Email:

Information on Eligible Person

An eligible person is able to demonstrate 5 years' working solely within the entertainment technology industry.

National Insurance No.:

Date of Birth:

Gender: Male Female

Tax reference No:

Marital Status (please tick):

Single Married Domestic/Common Law Partner Divorced Widowed Other

List names, relationship and ages of all dependents:

<i>Name</i>	<i>Relationship</i>	<i>Age</i>
-------------	---------------------	------------

Reason for Application

In order to aid the Grant Committee in providing you with financial assistance that will best address your particular circumstances, please describe your illness or injury and how it has impacted your day to day living. Please supply supporting documentation such as a doctor's letter or medical bill indicating diagnosis, or death certificate:

Date of onset of illness or injury:

Describe the current status of health care coverage including any personal health insurances, Union Compensation, or Employment Insurance Sickness Benefit, etc.:

List all Union affiliations, past or present, and indicate whether currently active or inactive (please provide copies of Union cards):

Employment History (Must demonstrate minimum of 5 years' working solely within the industry)

Current Status:

Full-time Freelance Unemployed On Disability Unpaid Leave Retired

Current / Most Recent Employer:

(Or a detailed CV with appropriate dates to cover the five years)

Address:

City/Town:

Postcode:

Phone:

Mobile:

Email:

Dates of Employment:

Position:

If employed with the above for less than 5 years, please complete the following as necessary to cover 5 years:

Previous Employer:

Address:

City/Town:

Postcode:

Phone:

Mobile:

Email:

Dates of Employment:

Position:

Previous Employer:

Address:

City/Town:

Postcode:

Phone:

Mobile:

Email:

Dates of Employment:

Position:

Previous Employer:

Address:

City/Town:

Postcode:

Phone:

Mobile:

Email:

Dates of Employment:

Position:

Employment History *(continued...)*

If employed with the above for less than 5 years, please complete the following as necessary to cover 5 years:

Previous Employer:

Address:

City/Town:

Postcode:

Phone:

Mobile:

Email:

Dates of Employment:

Position:

Previous Employer:

Address:

City/Town:

Postcode:

Phone:

Mobile:

Email:

Dates of Employment:

Position:

Previous Employer:

Address:

City/Town:

Postcode:

Phone:

Mobile:

Email:

Dates of Employment:

Position:

Previous Employer:

Address:

City/Town:

Postcode:

Phone:

Mobile:

Email:

Dates of Employment:

Position:

Attach additional sheets as necessary

Financial Information

(as of _____, 20__)

Assets

Cash - current / savings / deposit accounts, etc.
(please provide copies of most recent statements)

£

Property
(list the current fair market value of your residence and other properties)

£

Vehicles - owned by you or your immediate family
Make / Model / Year
Make / Model / Year
Make / Model / Year

£

Retirement Plans - Pension plans, etc.
(please provide copies of most recent statements)

£

Life Insurance

£

Stocks, Securities, Premium Bonds etc.

£

Other Assets *(please specify)*

£

£

£

Total Assets

£

Liabilities

Outstanding Mortgage(s)

£

Council Taxes Payable

£

Income Tax and NI Payable

£

Loans

£

Credit Card Bills

£

Medical Bills

£

Accounts Payable

£

Other Liabilities *(please specify)*

£

£

£

Total Liabilities

£

Financial Information *(continued)*

(as of _____, 20__)

Monthly Income	
Earnings <i>(please provide income tax statements or wage payslips)</i>	£
Earnings of Spouse or Domestic/Family Partner	£
Unemployment Benefits	£
Disability Benefits	£
Pension Benefits	£
Social Security Benefits	£
Child or Spousal Support	£
Health and Accident Insurance Benefits	£
Interest and Dividends	£
Residuals or Royalties	£
Other Income <i>(please specify)</i>	£
	£
	£
Total Monthly Income	£

Monthly Expenses	
Rent / Mortgage(s)	£
Car Payment <input type="checkbox"/> Owned <input type="checkbox"/> Leased	£
Car Insurance / Fuel / Road Tax / Other Transportation Costs	£
Health Insurance Premiums <i>(if any)</i>	£
Other Insurance Premiums <i>(please specify)</i>	£
Union Fees <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	£
Loan Repayments	£
Utilities <i>(Electric / Gas / Water / Council Tax)</i>	£
Telephone / Internet / TV	£
Child or Spousal Support	£
Tuition	£
Food and Clothing	£
Healthcare Costs <i>(not covered by insurance)</i>	£
Credit Card Payments	£
Other Expenses <i>(please specify)</i>	£
	£
	£
Total Monthly Expenses	£

Assistance Requested

Please indicate what type and the amount of assistance you are applying for *(please include copies of relevant bills)*

Living Expenses

(fundable expenses include: rent or mortgage, taxes, insurance, utilities, food, transportation, health insurance, and childcare - please list in order of priority)

Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £

Medical Aid

(fundable expenses include: doctors, hospitals, medication, speciality medical treatments, rehabilitation/physiotherapy, prosthetics, wheelchairs, and home healthcare - please list in order of priority)

Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £

Immediate Aid

(fundable expenses include: emergency accommodation, food, transportation, and funeral expenses - please list in order of priority)

Expense	Amount £
Expense	Amount £
Expense	Amount £
Expense	Amount £

Are you being assisted by other charitable organizations?

No Yes - Contact:

Assistance provided:

Disclosure Regarding Financial Assistance

The undersigned Applicant understands and agrees as follows:

1. Awards of financial assistance granted by the Backup - TECH charity will be dispersed on a case-by-case grant basis. Any grant of financial assistance is not an agreement by the Backup - TECH charity to provide the applicant with financial assistance for any period of time or in any amount other than that specified by the Backup - TECH charity in its sole and absolute discretion at the time of the grant. Grants must be used within three months of award, subject to extension in the sole and absolute discretion of the Backup - TECH Board of Trustees.
2. The amount and conditions of the grant shall be determined at the sole discretion of the Backup - TECH charity Board of Trustees based, in part, upon the recommendation of a four-member screening panel grant Committee. The satisfaction of minimum eligibility standards does not guarantee grant approval for financial assistance. The Backup - TECH charity does not discriminate based on race, religion, colour, national origin, gender, sexual orientation, or political affiliation.
3. The use of grants for legal expenses is strictly prohibited.
4. Applicants shall provide evidence of approved use of funds and the undersigned agrees to provide such evidence promptly. In the event funds are not used for the purposes stated in the Application, the Backup - TECH charity reserves the right to demand and seek repayment of funds dispersed.
5. The Backup - TECH charity reserves the right to condition any award or grant and at any time to modify the amount or terms of any financial assistance awarded or to terminate such financial assistance upon a change of either the grantee's or the Backup - TECH charity circumstances or the discovery of new information relevant to such financial assistance or this Application.
6. The undersigned hereby authorises the Backup - TECH charity
 - (a) to communicate with the people and organizations listed in this Application or on supporting documentation to verify the information contained in this Application,
 - (b) to share the Applicant's information contained in this Application with any other Charitable Organisation in order to facilitate the

maximum support for the applicant (subject to confidentiality and the Data Protection Acts and
(c) to conduct a credit investigation and obtain credit reports on the Eligible Person.

The undersigned hereby authorises the people and organisations listed in this Application or on supporting documentation and credit reporting agencies to release to the Backup - TECH charity, and its duly authorized representatives, any information deemed necessary by the Backup - TECH charity to complete its review of this Application. Specifically, the undersigned authorizes any insurance company, organisation, employer, hospital, physician, consultant, doctor or pharmacist to release any information requested by the Backup - TECH charity (or its representatives) with regard to medical treatment, dates of medical service, and medical condition to the Backup - TECH charity and its representatives.

7. The undersigned understands that the Backup - TECH charity may request additional documentation in support of this Application as proof of need.

8. The undersigned hereby certifies that he/she has answered the foregoing questions to the best of his or her ability, and that the information provided by the undersigned is true, complete and correct. The undersigned understands that any false or misleading information will disqualify the Eligible Person from receiving any financial assistance from the Backup - TECH charity. In the event a grant has been made prior to the discovery of any such false or misleading information, the Backup - TECH charity reserves the right to recover from the undersigned the funds previously granted and paid.

9. Information submitted or received in connection with this Application will be disclosed to and used by the Backup - TECH charity and its Board of Trustees and staff in evaluating the Application, and will be held confidential unless otherwise required by law. In the event the Application is approved, however, the Backup - TECH charity reserves the right and the undersigned agrees that the Backup - TECH charity (without disclosing the recipient's name or address) shall have the right to release information publicising the grant and explaining the basis upon which the grant was made.

Signature

(Eligible Person or Applicant)

Date

Checklist of Required Submissions

(please submit the following with this application)

- Proof of 5 years' full time employment such as a print out of your annual earnings or pension provided by your employer
- Copies of tax computations from HRMC for two most recent years
- Copies of monthly wage statements for current year or, disability, or unemployment or other benefit statements or for Sickness/Regular benefit statements.
- Copy of your most recent bank and deposit statements
- Copy of your union card/membership number (if applicable)
- Supporting documentation for your medical condition or disability such as a doctor's letter or medical documentation indicating diagnosis
- Copies of any bills you are seeking assistance with

Email to: claims@backuptech.uk

Post to: TECH – The Technical Entertainment Charity, Redoubt House, 1 Edward Road, Eastbourne, BN23 8AS

Please call 01323 524138

PLASA supports Backup - The Technical Entertainment Charity

TECH : The Technical Entertainment Charity is a registered charity No. 1159168.