

Charity Registration Number 206451

Completed forms to be sent to:

Grant Applications, Royal Variety Charity, Knights House, 10 Knights Place, Twickenham, TW2 6QT

APPLICATION FORM – Mental Health Support

No application for financial assistance from the Royal Variety Charity can be considered without this application form being completed in full. To aid your application, please give us as much information as you can and please note that it can take up to 6 weeks for your application to be Please processed and approved. ensure that you provide CV/ your professional work in the entertainment industry, which can be supplemented by further evidence such as posters, flyers, references from agents and/or producers and copies of employment contracts. Please note that we are only able to assist those who are applying for support for Mental Health issues, if you have worked professionally in entertainment for a minimum of 3 years, earning the majority of their income from the industry. As a private charity, we try to assist as many applicants as we can, but we would encourage you to also apply to other charities for help and you should detail these applications on the form. Please also provide a copy of your most recent bank statement(s) and a photo of your photo/details page of your UK passport, or your Birth Certificate. Please note that The Royal Variety Charity is only able to offer assistance to British citizens. Grants will often be paid directly to the supplier of any services or goods required, so please provide us much information as possible. If you need help completing this application please contact grants@royalvarietycharity.org or telephone 020 8898 8164 for assistance.

FULL NAME		
PROFESSIONAL OR STAGE NAME:		DATE OF BIRTH:
ADDRESS		
EMAIL		
HOME TELEPHONE No.		MOBILE No.
PLEASE TICK IF WE MAY CONTACT YOU BY:		
POST EMAIL HOME TELEPHON	IE MOBILE I	PHONE _
WHO DO YOU LIVE WITH E.G. SPOUSE/PARTNER/CHILDREN/FRIENDS		EQUITY NUMBER
NUMBER OF CHILDREN LIVING WITH YOU UNDER 18 YEARS OF AGE		Life/Current/Lapsed/N/A

IF YOU OWN YOUR OWN HOME PLEASE ESTIMATE CURRENT VALUE	IF YOU ARE PAYING A MORTGAGE HOW MANY YEARS ARE LEFT TO PAY
IF APPLICABLE, WHAT IS YOUR PARTNER'S OCCUPATION AND HOW MANY HOURS DO THEY WORK PER WEEK	
HOW DID YOU HEAR ABOUT THE CHARITY?	
SUMMARY OF YOUR CAREER WITHIN THE ENTERTAINM CAREER. IF NECESSARY USE EXTRA PAPER OR ATTACH A	
DATE OF LAST PROFESSIONAL ENGAGEMENT:	
DO YOU HAVE ANY HEALTH ISSUES WE SHOULD BE A LETTER OF DIAGNOSIS FROM GP OR HOSPITAL)	AWARE OF (PLEASE PROVIDE DETAILS AND ENCLOSE
REASON FOR THIS APPLICATION FOR FINANCIAL AS	SISTANCE AND HOW WE CAN HELP YOU:
THE CHARITY OFTEN AWARDS SUPERMARKET VOUCHER SUPERMARKET YOU USE TO SHOP:	S, (NOT REDEEMABLE ONLINE) PLEASE TELL US WHICH

INCOME £	YOURSELF PER MONTH	PARTNER PER MONTH
PROFESSIONAL	T EN MONTH	TERMIONIII
EARNINGS/ROYALTIES		
INCOME SUPPORT/INCOME BASED JSA		
EMPLOYMENT SUPPORT ALLOWANCE		
HOUSING BENEFIT		
COUNCIL TAX BENEFIT		
CHILD BENEFIT		
CHILD TAX CREDIT		
WORKING TAX CREDIT		
DLA/PIP ALLOWANCE		
UNIVERSAL CREDIT		
ATTENDANCE ALLOWANCE		
CARER'S ALLOWANCE		
OTHER BENEFIT(S)		
STATE RETIREMENT PENSION		
OTHER PENSION(S)		
OTHER INCOME (E.G. FRIEND)		
GRANTS FROM OTHER CHARITIES		
TOTAL INCOME		

WHAT WAS YOUR EARNED INCOME FROM EMPLOYMENT IN THE LAST FINANCIAL YEAR? USE THE FIGURE FROM YOUR P60 OR SELF-ASSESSMENT DECLARATION.

WHAT IS THE TOTAL VALUE OF YOUR CASH	DO YOU HAVE ANY INVESTMENTS, E.G. STOCKS
SAVINGS?	AND SHARES/ISAS/PREMIUM BONDS, ETC? IF YES,
	PLEASE PROVIDE DETAILS.

HOUSEHOLD EXPENDITURE £	PER MONTH
RENT	
MORTGAGE	
WATER RATES	
COUNCIL TAX	
GROUND RENT/SERVICE CHARGE	
BUILDINGS/CONTENTS INSURANCE	
GAS	
ELECTRICITY	
TELEPHONE, BROADBAND AND TV SUBSCRIPTIONS	
TRAVEL (PLEASE SPECIFY)	
HOUSEHOLD EXPENSES (FOOD/CLEANING ETC)	
GYM MEMBERSHIP	
CAR INSURANCE, TAX, PETROL/DIESEL	
SUBSCRIPTIONS – EQUITY AND/OR OTHER	
CARER FEES / MEDICAL EXPENSES	
ANY OTHER SIGNIFICANT OUTGOINGS (PLEASE SPECIFY)	
TOTAL EXPENDITURE	

PLEASE INCLUDE DETAILS OF PERSONAL LOANS, OVERDRAFTS, CREDIT CARDS, STORE CARDS, PAYDAY LOANS OR ANY OTHER UNSECURED DEBT YOU HAVE:			
CREDITOR	AMOUNT OWED	TYPE OF DEBT	
E.G. BARCLAYS BANK	E.G. £5,000	E.G. OVERDRAFT / LOAN	

HAVE YOU		
APPLIED TO THE ROYAL VARIETY CHARITY BEFORE?	YES 🗌	NO 🗌
APPLIED TO ANY OTHER CHARITY OR SOURCE IN RESPECT OF THIS REQUEST? (IF SO, PLEASE GIVE DETAILS)	YES 🗌	NO 🗌
DECLARATION I CONFIRM THAT THE DETAILS THAT I HAVE GIVEN IN THIS ATTACHED FINANCIAL STATEMENT HAS BEEN FULLY AND T ABILITY. IF MY CIRCUMSTANCES SHOULD CHANGE OR IF I RE WILL NOTIFY THE ROYAL VARIETY CHARITY IMMEDIATELY. SIGNATURE:	RUTHFULLY ANSWERED	TO THE BEST OF MY
NAME:		
DATE:		
WHAT WE DO WITH YOUR INFORMATION		
THE ROYAL VARIETY CHARITY WILL HOLD YOUR PERSONAL WRITING OR ELECTRONICALLY IN RELATION TO YOUR APPLICANTACT OTHER CHARITIES FOR INFORMATION TO SUPPORT ON YOUR BEHALF. WE MAY SEARCH PUBLICALLY AVAILABLE IN	LICATION FOR SUPPOR T THIS APPLICATION OF	rt. We may wish to R to seek assistance
FURTHER DETAILS ON YOUR RIGHTS REGARDING PERS www.ico.org.uk HELPLINE 0303 123 1113. FULL DETAILS (WEBSITE www.royalvarietycharity.org		
FUTURE CONTACT		
OCCASIONALLY WE SEND OUT INFORMATION WE THINK MIG	HT BE TO YOUR BENEFI	Т.
I WOULD LIKE TO BE SENT INFORMATION ON THE ROYAL VAR	IETY CHARITY YES	□ NO □