

Application Form

Strictly private & confidential



1. About you

Title	First names	Surname			
Date of birth		Email			
Address		Home telephone			
		Mobile			
Postcode		Work telephone			
Your marital status (please tick one)		How would you prefer us to contact you? (please tick one)			
Single <input type="checkbox"/>	Married / Civil partner <input type="checkbox"/>	Divorced <input type="checkbox"/>	Email <input type="checkbox"/>	Home phone <input type="checkbox"/>	Mobile <input type="checkbox"/>
Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>		Work phone <input type="checkbox"/>	Letter <input type="checkbox"/>	
Why are you applying to SBA? (please tick the boxes that apply)		Financial support <input type="checkbox"/>	Advice on welfare benefits <input type="checkbox"/>		
		Support for career transition <input type="checkbox"/>	Advice on managing personal debt <input type="checkbox"/>		

Tell us more about the reasons for your application. You are welcome to continue on a separate sheet if you wish

2. First applications only

I am / was a solicitor (delete one)	Date of admission	SRA number
Brief details of practising career with dates and reason for ceasing to practise (if applicable)		

I am / was the dependant of a solicitor (delete one)	Solicitor's name
	Your relationship to solicitor

3. Adults who live in your household

Name	Date of birth	Relationship	Occupation

4. Children aged 18 or under in your household

Name	Date of birth	Relationship	Name of school / college

5. Your home

Please select one of the following to describe your home

Mortgaged / Owned outright	<input type="checkbox"/>	Rented: private landlord	<input type="checkbox"/>	Rented: local authority	<input type="checkbox"/>
Rented: Housing Association	<input type="checkbox"/>	Refuge accommodation	<input type="checkbox"/>	Sheltered housing	<input type="checkbox"/>
Extra care housing	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>	Residential nursing home	<input type="checkbox"/>
Living with family member	<input type="checkbox"/>	Other (please describe)			

For home owners Do you have a mortgage? Yes No If yes, how much is still owed? £

What is the remaining length of your mortgage? Current value of your home £

Type of mortgage Repayment Interest only Other Number of bedrooms

Is your property jointly owned? Yes No If yes, with whom?

Do you have any loans secured on your home? (other than the mortgage noted above) Yes No If yes, please provide details:

Do you own any other property? Yes No If yes, please tell us more:

6. Capital & Savings (for you & your partner/spouse, if applicable)

If you have **more than £10,000** in savings, investments or substantial property assets other than the family home, SBA cannot consider you for help

	You	Your partner/spouse	For office use only
Current account / cash	£	£	
Deposit / savings account	£	£	
National Savings / Premium Bonds	£	£	
Investments (at current value)	£	£	
Life assurance (surrender value)	£	£	
Pension 'pot' (at current value)	£	£	
Other savings (eg, ISAs)	£	£	
	£	£	

7. Debts & Arrears

Please provide information here about any personal debts you have (**not** your ongoing commitments), listing the amount of money owed and repayments you have agreed to make. We cannot consider help for business debts

Creditor	Total amount owed	Monthly payments	Date last payment was made
Rent / mortgage	£	£	
Council Tax	£	£	
Gas / Electricity	£	£	
Water	£	£	
Overdraft	£	£	
Credit card	£	£	
Hire purchase	£	£	
Catalogue	£	£	
Other (specify)	£	£	
	£	£	

8. Net Household Income (after tax) Please provide details of your household income and the frequency of payments you receive (eg, weekly, fortnightly, 4 weekly, monthly or per annum)

	£	Payment Frequency	For office use only
Net Salary/Earnings	£		
Universal Credit	£		
Jobseeker's Allowance (income-based)	£		
Income Support	£		
Employment & Support Allowance / Statutory Sick Pay	£		
Working Tax Credits	£		
Widows /Widowers Benefits	£		
Child Benefit	£		
Child Tax Credit	£		
Maintenance or Child Support	£		
Maternity Pay	£		
Housing Benefit	£		
Council Tax Support	£		
Mortgage Interest Payment	£		
Transitional Protection Payment	£		
State Retirement Pension	£		
Occupational / Private Pension	£		
Pension Credit	£		
Personal Independence Payment	£		
Disability Living Allowance (Care)	£		
Disability Living Allowance (Mobility) Is this used for a Motability car? Yes <input type="checkbox"/> No <input type="checkbox"/>	£		
Incapacity Benefit	£		
Attendance Allowance	£		
Carer's Allowance	£		
Local authority care contribution	£		
Income from Savings & Investments	£		
Property or Rental Income	£		
Income from Lodgers / Other Family Members	£		
Student Loan / Grant	£		
Income from Other Charities	£		
Any Other Income (please specify)	£		

9. Health & Wellbeing We can consider help for exceptional costs relating to disability. This can be either recurring, such as paying for care at home, or one-off, for specialist equipment. We will need to see supporting documents from a relevant health or social care professional in support of these requests

Item (please provide brief details below)	Estimated cost
	£
	£
	£
	£

10. How did you hear about SBA The Solicitors' Charity?

Have always known	<input type="checkbox"/>	CAB	<input type="checkbox"/>	Colleague / solicitor	<input type="checkbox"/>	Friend / family	<input type="checkbox"/>
Internet	<input type="checkbox"/>	LawCare	<input type="checkbox"/>	Law Society / Gazette	<input type="checkbox"/>	Local law society	<input type="checkbox"/>
Other charity	<input type="checkbox"/>	Publication / directory	<input type="checkbox"/>	SBA Area Representative	<input type="checkbox"/>	SBA subscriber	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	SRA	<input type="checkbox"/>	Turn2us	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
Other (please describe) <input type="checkbox"/>							

Declaration & Data Protection Consent

I declare that the information in this application is accurate and gives a true account of my financial position. Relevant supporting documents can be provided on request. I undertake to inform SBA promptly of any significant change in my financial circumstances. Where personal information has been provided about any other person (eg, spouse) in support of this application, I have obtained consent from that person to the use and sharing of that information as described above.

Signed (applicant)

Date

I consent to SBA collecting and processing my data in accordance with the Data Protection Act 1998 and SBA's data protection and privacy policies. Your personal data is processed only for the purposes for which it was collected, to comply with any instructions you may have given us, to respond to any enquiries or to facilitate any disclosures required by law.

SBA may pass on your details – with your consent – to specific agencies that work with us as an integral part of our charitable mission. To that end your information may be shared with Renovo (employment advice specialists), Citizens Advice Manchester (debt management & benefits advice specialists), and LawCare (providers of emotional support and advice), but only as part of the fair processing of your application or administering any award. You can find more information about our approach to Data Protection via the SBA website at www.sba.org.uk.

Signed (applicant)

Date

Supporting Documents: We need to see evidence of household income from all sources. Please provide copies of:

- Bank statements for the last three months
- Correspondence from the DWP/HMRC on your statutory benefits
- Correspondence from your local authority on Housing Benefit / Council Tax Support (full amount payable)
- Local authority care assessment / occupational therapy report (if applicable)

SBA Area Representative

I confirm I have checked the contents of this application and believe it to be accurate

Signed (SBA Representative)

Date

SBA The Solicitors' Charity

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Solicitors Benevolent Association Limited

A charitable company limited by guarantee registered in England & Wales number 6601907 Registered Charity number 1124512

SBA The Solicitors' Charity

Equality & Diversity Monitoring Form

Please help us by completing this form, which will be separated from your Application Form on receipt. The information you provide below is important as a means of ensuring SBA does what it says in terms of equality & diversity – see overleaf for a summary of our policy.

Any details provided here will be treated in **strict confidence** and will not be taken into account when considering applications. Thank you very much for your help.

Name					<i>(leave blank if you prefer not to say)</i>
Sex	Male / Female / Prefer not to say <i>(select as appropriate)</i>	Age	Year born		
<i>(leave blank if you prefer not to say)</i>					
Ethnicity Please tick one of the boxes below to indicate your ethnic origin					
White / White British		<input type="checkbox"/>	Asian / Asian British		<input type="checkbox"/>
Black / African / Caribbean / Black British		<input type="checkbox"/>	Chinese / Chinese British		<input type="checkbox"/>
Other ethnic background – please specify		<input type="checkbox"/>	Prefer not to say		<input type="checkbox"/>
Disability	Do you consider yourself to have any kind of disability?		Yes / No / Prefer not to say <i>(select as appropriate)</i>		
<i>(The Disability Discrimination Act 1995 defines disability as any physical or mental impairment which has a substantial and long-term (more than 12 months) adverse effect on a person's ability to carry out normal day to day activities)</i>					
If you have said YES , please tick which category you think best describes your disability					
Blind or partially sighted		<input type="checkbox"/>	Deaf or hearing impairment		<input type="checkbox"/>
Any unseen disability (eg cancer, diabetes, asthma)		<input type="checkbox"/>	Mental health issue		<input type="checkbox"/>
Wheelchair user/other mobility difficulties		<input type="checkbox"/>	Personal care support		<input type="checkbox"/>
Multiple disabilities		<input type="checkbox"/>	Prefer not to say		<input type="checkbox"/>
Other disability – please specify		<input type="checkbox"/>			
Professional Background					
Are you a current or former solicitor?	Yes / No / Prefer not to say <i>(select as appropriate)</i>		Are you the dependent of a solicitor?	Yes / No / Prefer not to say <i>(select as appropriate)</i>	

For Current & Former Solicitors: please tell us about the most recent professional position you hold or held				
Employee <input type="checkbox"/>	Solicitor <input type="checkbox"/>	Associate <input type="checkbox"/>	Senior Associate <input type="checkbox"/>	
Partner (non-equity member) <input type="checkbox"/>	Partner (equity member) <input type="checkbox"/>	Consultant <input type="checkbox"/>	Retired <input type="checkbox"/>	
Other (please specify) <input type="checkbox"/>			Prefer not to say <input type="checkbox"/>	
For Current & Former Solicitors: please indicate your main area of practice				
Civil Litigation / Dispute Resolution <input type="checkbox"/>	Commercial <input type="checkbox"/>	Corporate / Mergers & Acquisitions <input type="checkbox"/>		
Criminal Justice <input type="checkbox"/>	Employment <input type="checkbox"/>	Family & Children <input type="checkbox"/>		
Finance / Financial services <input type="checkbox"/>	General Practice / High Street <input type="checkbox"/>	Housing <input type="checkbox"/>		
Immigration & Asylum <input type="checkbox"/>	Personal Injury <input type="checkbox"/>	Private Client <input type="checkbox"/>		
Property <input type="checkbox"/>	Public sector/in-house <input type="checkbox"/>	Trusts & Probate <input type="checkbox"/>		
Prefer not to say <input type="checkbox"/>	Other (please specify)			
For Current & Former Solicitors: please tell how many years you have practised				
0-5 years <input type="checkbox"/>	6-10 years <input type="checkbox"/>	11-20 years <input type="checkbox"/>	21+ years <input type="checkbox"/>	Not applicable <input type="checkbox"/>
For Current & Former Solicitors: please select where you have mainly worked				
Sole Practice <input type="checkbox"/>	Small firm (1-5 partners) <input type="checkbox"/>	Medium firm (6-20 partners) <input type="checkbox"/>		
Large firm (21+ partners) <input type="checkbox"/>	City firm (50+ partners) <input type="checkbox"/>	Not applicable <input type="checkbox"/>		
Other (please specify) <input type="checkbox"/>				

Our Policy on Equality & Diversity

SBA The Solicitors' Charity is committed to principles of Equality and Diversity and to being a fair provider of relief and assistance to enrolled and former enrolled solicitors and their dependants who are in need. Our commitment to being a fair provider means ensuring that all applicants and beneficiaries will be treated fairly and that no one will be subject to discrimination on the ground of:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership status
- Pregnancy or maternity status
- Race
- Religion or belief
- Sex
- Sexual orientation

Our commitment to Equality and Diversity means recognising, respecting and valuing the differences between individuals, acting inclusively, treating everyone fairly and seeking to provide and promote a culture which delivers the best outcomes for our applicants and beneficiaries and which reflects the diverse profession and society we serve.