

**Guidelines**

**ELIGIBILITY**

In order to be eligible for a grant from The Queen’s Nursing Institute you must:

* Be a registered community nurse or midwife, or a retired community nurse or midwife or a former community nurse or midwife
* Have 3 full time consecutive years of experience of providing nursing care in the community
* Be currently living in England, Wales and Northern Ireland and have worked as a community nurse or midwife in England, Wales and Northern Ireland. Please note that we cannot help nurses who live and work in Scotland
* Be in financial difficulty following illness, disability or other life crisis.

Please note we **cannot** offer financial assistance in the following circumstances :

* Nurses on an interim suspension order
* If you have already received a grant from us in the past 3 years.

If you are not sure if you are eligible, please contact Justine Curtis on email at [justine.curtis@qni.org.uk](mailto:justine.curtis@qni.org.uk) or telephone 0207 549 1405 or 07716 080058 and leave a message (Please note Justine works Monday, Tuesday & Thursday afternoons).

**HOW WE CAN HELP**

We can provide assistance with:

* Essential White goods e.g. Fridge, washing machine
* Building repairs or adaptions
* Specialist equipment e.g. stair lift, mobility scooter
* Short term financial emergencies.

**required supporting documentation**

Please note that we require all of these supporting documents in order to process your application:

* **Copies of all bank statements covering the last two months**
* **Council Tax bill**
* **Pay slip or pension advice, and/or notification of state benefits being received**
* **Evidence of community nursing (We can only help community nurses)**
* **If you are claiming for medical reasons please enclose Doctors Certificate/Medical letter**
* **It would be helpful to provide a quote of goods wishing to purchase**

**APPLICATION FORM**

In order to avoid disappointment, please ensure that you fit the eligibility criteria and are able to provide all required supporting documentation listed above before completing the application form.

Complete the application form below, either by hand or typing into the document. You can send the form and required supporting documents to us:

* By email to [justine.curtis@qni.org.uk](mailto:justine.curtis@qni.org.uk)
* Or post to Justine Curtis, QNI, 1A Henrietta Place, London W1G 0LZ

Please note: Processing an application will take on average 10-15 working days from the date we receive all necessary information.

We cannot process an application until we have received all the documents outlined in the section “Required Supporting documents” above.

Whilst we consider all requests for help, there must be a priority need and applicants are not guaranteed assistance as cases are assessed on a case-by-case basis.



**Application Form**

PRIVATE & CONFIDENTIAL

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| YOUR DETAILS | | | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | Forename: | | | | | |  | | | |
| Date of birth: |  | | | | | | | Middle name(s): | | | | | |  | | | |
| Home tel: |  | | | | | | | Mobile : | | | | | |  | | | |
| Email: |  | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | |
| Town: |  | | | | | | | County: | | | | | |  | | | |
| Postcode: |  | | | | | | | | | | | | | | | | |
| Are you: | Single | | | | Married / Civil Partnership | | | | | | | | | | | Widowed | |
| Divorced / Separated | | | | | | | Living with a partner | | | | | | | | | |
| Maiden Name  (if married, divorced or widowed) | | |  | | | | | | | | | | | | | | |
| Are you registered disabled? | | | Yes | | | | | | No | | | | | | | Applied | |
| Are you registered blind? | | | Yes | | | | | | No | | | | | | | Applied | |
| NURSING QUALIFICATIONS | | | | | | | | | | | | | | | | | |
| Qualification | | | Dates from/to | | | | | | | | | | Name of University | | | | |
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| NMC Pin Number: | |  | | | | | | | | | | | | | | | |
| Status | | Current | | | | Lapsed | | | | | | | | | | Suspended | |
| EMPLOYMENT HISTORY | | | | | | | | | | | | | | | | | |
| Current job title | | | **Date started** | | | | | | | | | | **Employer** | | | | |
|  | | |  | | | | | | | | | |  | | | | |
| Full time/part time | | |  | | | | **Band** | | | | | |  | | | | |
| Previous roles (please list all nursing roles) | | |  | | | | | | | | | |  | | | | |
| Dates | | | Post held | | | | | | | | | | Employer | | | | |
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| COMMUNITY NURSING | | | | | | | | | | | | | | | | | |
| Please give details of your community nursing work below: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Date of last employment? | | | | | | | | | | | | | | | | | |
| Reason for leaving? (if applicable) | | | | | | | | | | | | | | | | | |
| HEALTH | | | | | | | | | | | | | | | | | |
| Please give a brief statement about your health below. Please note that we may ask for a medical statement or certificate from your doctor. (continue on separate sheet if necessary) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ACCOMMODATION | | | | | | | | | | | | | | | | | |
| Type of accommodation: | | | House | | | | | | Flat | | | | | | Mobile home | | |
| Nursing home | | | | | | Residential home | | | | | | | | |
| Other. Please specify: | | | | | | | | | | | | | | |
| Conditions of tenure: | | | Own | | | | | | | | Rent | | | | | | |
| Other. Please specify: | | | | | | | | | | | | | | |
| Do you live alone or share accommodation? | | | I live alone | | | | | | | | I share accommodation | | | | | | |
| Do you own a 2nd property? | | | Yes | | | | | | | | No | | | | | | |
| adults (over 18) living with you or contributing to household costs | | | | | | | | | | | | | | | | | |
| Name | | | | Date of birth | | | | | | Relationship | | | | | | | Payment to household |
| Click or tap here to enter text. | | | |  | | | | | |  | | | | | | |  |
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| children (18 and under) living with you | | | | | | | | | | | | | | | | | |
| Name | | | | Date of birth | | | | | | Relationship | | | | | | | School/College |
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| Reason for application and details of help required. | | | | | | | | | | | | | | | | | |
| Please enclose estimates or any quotes obtained. | | | | | | | | | | | | | | | | | |
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| Have you previously applied to the QNI? Please note we cannot offer financial assistance if you have already received a grant from us in the past 3 years. | | | | | | | | | | | | | | | | | |
| I If yes , please state the amount and date : | | | | | | | | | | | | | | | | | |
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| Have you applied to other charities? | | | | | | | | | | | | | | | | | |
| Please name any other charities that you have approached or have had assistance from in the past two years and the amount received. We routinely exchange information with many other charities in our field | | | | | | | | | | | | | | | | | |
| *Name of charity* | | | | ***Amount of grant*** | | | | | | | | ***Date of award*** | | | | | |
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| Capital Resources | | | | | |
| Please provide the details of your bank balances. | | | | | |
| *Current account* | | *£* | | | |
| *Deposit account(s)* | | *£* | | | |
| *Savings account(s)* | | *£* | | | |
| *Post office account(s)* | | *£* | | | |
| *Building society account(s)* | | *£* | | | |
| *National Savings* | | *£* | | | |
| *Premium Bonds* | | *£* | | | |
| *Rent from properties / Investments or other assets* | | *£* | | | |
| Monthly income | | | | | |
| Income source | | **You**  *£ per month* | | **Spouse/Partner**  *£ per month* | Office use only |
| Earnings (after tax) | | *£* | | *£* |  |
| State Retirement Pension | | *£* | | *£* |  |
| Occupational Pension | | *£* | | *£* |  |
| Universal Credit | | *£* | | *£* |  |
| Employment Support Allowance | | *£* | | *£* |  |
| Statutory Sick Pay | | *£* | | *£* |  |
| Pension Tax credit | | *£* | | ***£*** |  |
| Working Tax credit | | *£* | | *£* |  |
| Child Tax credit | | *£* | | *£* |  |
| Child Benefit | | *£* | | *£* |  |
| Attendance Allowance | | *£* | | *£* |  |
| Disability Living Allowance / PIP: Care | | *£* | | *£* |  |
| Disability Living Allowance / PIP: Mobility | | *£* | | *£* |  |
| Incapacity Benefit | | *£* | | *£* |  |
| Industrial Injuries Benefit | | *£* | | *£* |  |
| Carers Allowance | | *£* | | *£* |  |
| Family Income Supplement | | *£* | | *£* |  |
| Income Support | | *£* | | *£* |  |
| Housing Benefit | | *£* | | *£* |  |
| Council Tax Benefit | | *£* | | *£* |  |
| Regular Grants from charities | | *£* | | *£* |  |
| Annuities | | *£* | | *£* |  |
| Maintenance / Child Support | | *£* | | *£* |  |
| Rents from property | | *£* | | *£* |  |
| Any other income (please specify) | | | | | |
| Click or tap here to enter text. | | *£* | | *£* |  |
| Click or tap here to enter text. | | *£* | | *£* |  |
| N.B.  Please enclose a copy of a recent payslip.  If you are in receipt of any Social Security Benefits, do not forget to enclose a copy of the Department of Work and Pensions letter showing amounts being received. | | | | | |
| Monthly expenditures | | | | | |
| Expenditure | | **Amount**  *£ per month* | | **Arrears**  *£ per month* | Office use only |
| Mortgage or Rent | | *£* | | *£* |  |
| Endowment / Mortgage insurance | | *£* | | *£* |  |
| Ground charges /Maintenance charges / Service Charges | | *£* | | *£* |  |
| Nursing / Residential Home Fee | | *£* | | *£* |  |
| Home help / Home care / Cleaner | | *£* | | *£* |  |
| Child care costs | | *£* | | *£* |  |
| Council Tax | | *£* | | *£* |  |
| Food | | *£* | | *£* |  |
| Gas | | *£* | | *£* |  |
| Electricity | | *£* | | *£* |  |
| Telephone including mobiles | | *£* | | *£* |  |
| Water Rates | | *£* | | *£* |  |
| Car Insurance | | *£* | | *£* |  |
| Car Tax | | *£* | | *£* |  |
| Petrol | | *£* | | *£* |  |
| House contents insurance | | *£* | | *£* |  |
| Buildings insurance | | *£* | | *£* |  |
| Television licence | | *£* | | *£* |  |
| Television and/or internet tv packages | | *£* | | *£* |  |
| Nurse Registration Fee | | *£* | | *£* |  |
| Other (please specify) | | | | | |
|  | | *£* | | *£* |  |
|  | | *£* | | *£* |  |
|  | | *£* | | *£* |  |
| Liabilities and Debts (e.g. Loans or credit cards) | | | | | |
| Liability/debt/loans | | *Monthly repayment* | | *Amount outstanding* | Office use only |
| Click or tap here to enter text. | | *£* | | *£* |  |
| Click or tap here to enter text. | | *£* | | *£* |  |
| Click or tap here to enter text. | | *£* | | *£* |  |
| N.B.  Please note that non-essential expenditure will not be taken into consideration when assessing an application. | | | | | |
| How did you hear about this grant? | | | | | |
|  | | | | | |
| declarations | | | | | |
|  | I hereby certify that the information contained within this document is a true record of my current situation. **Information given falsely or deliberately withheld will invalidate the application and no payment will be made, or if already in payment, stopped.** | | | | |
|  | I understand that all information provided by myself or someone acting on my behalf will form a manual and computer file both of which are registered under the General Data Protection Regulation. | | | | |
|  | For verification purposes, I understand that The Queen’s Nursing Institute may contact the Department of Work and Pensions, NMC, Local Authorities or my GP to confirm information stated on this form. In some instances, the QNI may also request that a letter of referral be supplied to support the application. | | | | |
|  | Unless an objection is supplied in writing, information contained within this form may be shared with other charities in order to try to secure the help I require, and to protect the funds of the QNI. | | | | |
|  | We sometimes use applications as case studies in an anonymised version on our website to promote our financial assistance. By ticking this box you consent to us using this case. It would never feature your name or any personal details. | | | | |
| signature | | | **date** | | |
|  | | |  | | |

Please check you have included the following:

* Bank statements (last two months)
* Council Tax Bill
* Pay slip
* Notice of state benefits
* Evidence of community nursing
* Sickness certificates if relevant

**Equality and Diversity form**

We would be very grateful if you would provide the following information.

It will only be used to monitor the effectiveness of our equality and diversity policy.

|  |
| --- |
| Ethnicity |
| How would you describe your ethnicity? |
| Asian – Indian |
| Asian – Pakistani |
| Asian – Bangladeshi |
| Asian – Chinese |
| Asian – Filipina/Filipino |
| Asian – Any other Asian |
| Black – African |
| Black – Caribbean |
| Black – Any other Black background |
| Middle Eastern – Arab |
| Middle Eastern – Any other Middle Eastern background |
| Mixed – White and Black Caribbean |
| Mixed – White and Black African |
| Mixed – White and Asian |
| Mixed – Any other Mixed/Multiple ethnic background |
| White – British |
| White – Irish |
| White – Gypsy or Irish Traveller |
| White – Any other White background |
| Prefer not to say |
| Gender |
| ☐ Male  ☐ Female  ☐ prefer not to say |
| Sexual orientation |
| Which of the following best describes your sexual orientation?  Heterosexual  Gay or Lesbian  Bisexual  Prefer not to say  Other |
| Age |
| Between 25 - 30  Between 31 - 40  Between 41 - 50  Between 51 - 55  Between 56 - 60  Between 61 - 65  Between 66 - 70  Between 71 - 75  Above 75  Prefer not to say |
| Disability |
| Do you consider yourself to have a disability or long-term health condition?  Yes  No  Prefer not to say |