



Benevolent Society of Saint Patrick (BSOSP) Grant Application

Database Number (LIC Use):

Application No. (LIC Use):

Surname		Forename(s)	
Address			
Postcode			
Date of Birth		Place of Irish Birth	
Phone Number		Date of application	
Family Connection to Ireland (if not Irish born)			
Marital Status (please tick relevant option) <input type="radio"/> Married/Civil Partnership <input type="radio"/> Cohabiting <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed		Number of Dependents	Ages
Health/Disability Status (please tick relevant option) <input type="radio"/> Good <input type="radio"/> Reasonable <input type="radio"/> Poor <input type="radio"/> Unable to carry out daily tasks <input type="radio"/> Registered blind <input type="radio"/> Registered disabled <input type="radio"/> Temporary illness/disability			
Accommodation			

- | | |
|---|--|
| <input type="radio"/> Owner Occupier | <input type="radio"/> Private Rented |
| <input type="radio"/> Council/Housing Association | <input type="radio"/> Multi occupancy |
| <input type="radio"/> Living with friends | <input type="radio"/> Homeless/sofa surfer |
| <input type="radio"/> Rough sleeping | |

Overview of Health Support needs:

**Income: Weekly
(Non-benefit income)**

Salary/Wages	£
Interest from savings	£
Occupational Pension	£
Other	£

Weekly Total £

Total value of savings/investments £

Income: Weekly (Benefits/Tax Credits/State Pension)

Employment Support Allowance	£
Jobseekers' Allowance	£
Universal Credit	£
Pension Credit	£
State Pension	£
Carers Allowance	£
PIP Payment	£
Attendance Allowance	£
Working Tax Credit	£
Child Benefit	£
Other (please specify)	£

Weekly Total £

Has applicant approached local authority for welfare assistance?

- Yes
- No

Enclose copy of refusal letter OR state why application not made in 'Supporting Information' box below.

Item/s needed

Preferred supplier

How long has the applicant been known to the agency submitting the application?

Total cost

Amount requested

Supporting Information/Details of why the grant is needed

Please provide any other relevant information you feel may support this application, continuing a separate sheet if necessary. Applicants' history, financial status etc.

Has the applicant received an BSOSP grant before?

- Yes
- No

If YES, please give details:

Declaration:

We certify that the above information is true and accurate. By signing this application form, you agree to the LIC processing your data securely in order to be able to identify you and to be able to deliver an effective service.

For further information, please go to www.londonirishcentre.org/privacystatement

Signature of Applicant:

Date:

Signature of Worker:

Date:

Support Worker Name (Block Capitals):**Agency Name and Address:****Agency BACS Payment Details (for payments to organisations only):**

Proof of income and/or copy of Department for Work and Pensions Entitlement Letter (dated within the last 3 months), plus a recent bank statement must be attached with this application.

Return via email to bsosp@londonirishcentre.org or post to: The BSOSP Grant Administrator, Information and Advice Service, London Irish Centre, 50-52 Camden Square, London, NW1 9XB.