

REF NO .....

# APPLICATION FORM

*Scotland's charity  
helping people who have  
depended on the land*



*...can we help?*

**SURNAME OF APPLICANT:** .....

**TITLE:** MR  MRS  MISS  MS  OTHER ..... (state title)

**CHRISTIAN NAMES OF APPLICANT:** .....

**DATE OF BIRTH OF APPLICANT:** .....

**NATIONAL INSURANCE NO:** .....

**MARITAL STATUS:** Single  Married  Partnered  Separated   
Divorced  Widowed  Other (give details) .....

**ADDRESS:** .....

..... **POSTCODE:** .....

**TELEPHONE:** Home: ..... Mobile/Other: .....

**E-MAIL ADDRESS** (if any): .....

**HOW MANY CHILDREN DO YOU HAVE?** ..... **Ages:** .....

How many live at home? .....

Do they contribute to household expenses? YES  NO  If yes, how much weekly? .....

**WHAT IS YOUR HOUSING SITUATION?**

Owned  Council rent  Private rent  Rent free  Tied accommodation  Other (please specify)

.....

How many people live there?

.....

**DO YOU HAVE A DISABILITY OR HEALTH PROBLEM?** YES  NO

IF yes, please give details of your condition and include a medical certificate/letter from your Doctor when you return this form.

.....  
.....  
.....

Does anyone else in your house have a health problem? YES  NO  If yes, please give details:

.....  
.....  
.....

**DO YOU OWN A CAR?** YES  NO

When is your Car Insurance due? ..... When is your Road Fund Licence due? .....

Is this a motability car? YES  NO

**DO YOU HAVE A TELEVISION?** YES  NO

Do you pay your own licence fee? YES  NO

If yes, when is the renewal due? ..... Method of payment .....

**DO YOU HAVE CENTRAL HEATING?** YES  NO

|            |            |                              |                             |                           |        |
|------------|------------|------------------------------|-----------------------------|---------------------------|--------|
| Do you use | Solid Fuel | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Approximate monthly spend | £..... |
|            | Gas        | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Approximate monthly spend | £..... |
|            | Electric   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Approximate monthly spend | £..... |
|            | Oil        | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Approximate monthly spend | £..... |

**DO YOU RECEIVE ASSISTANCE FROM A HOME HELP/CARER?** YES  NO  If yes, please give details:

.....  
.....  
.....

**WHAT IS YOUR CURRENT EMPLOYMENT STATUS?**

Retired  Semi-retired  Employed  Self-employed  Unemployed

**ARE YOU CURRENTLY INVOLVED IN A BUSINESS?** YES  NO

If so, do you receive income from the business or does it contribute to your household bills? YES  NO

If yes, please show on page 5

**ARE YOU APPLYING AS A DEPENDANT OF SOMEONE WHO WORKED ON THE LAND?** YES  NO

If yes, please state below the name of the person on whom you depended and your relationship to them e.g wife, daughter etc

Name: ..... Relationship: .....

**WHICH LAND-BASED INDUSTRY HAVE YOU (OR THE PERSON ON WHOM YOU DEPENDED) WORKED IN?**

Farming  Crofting  Forestry  Fish Farming  Gamekeeping/Stalking  Horticulture  Rural Estate Work

Other  (please specify.....)

If farming, please indicate status:

Owner  Tenant  Employee  Self-employed

If crofting, was that the main source of income? YES  NO

**HAVE YOU/THE PERSON ON WHOM YOU HAVE DEPENDED WORKED IN ANY OTHER INDUSTRY?**

YES  NO  If yes, please give details:

Type of work: ..... No of years worked: .....

Any other information: .....

**DO YOU HAVE ANY CONNECTION WITH HM FORCES?** YES  NO  If yes, please give dates and brief details:

.....  
.....

**SECTION TWO  
WORK/EMPLOYMENT HISTORY**



**PLEASE PROVIDE DETAILS OF YOUR WORKING BACKGROUND (OR THAT OF THE PERSON ON WHOM YOU DEPENDED):**

TYPE OF BUSINESS: .....  
FROM: ..... TO: ..... ROLE: .....  
NAME OF OWNER / MANAGER / AGENT: .....  
ADDRESS: .....

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NAME OF OWNER / MANAGER / AGENT: .....  
ADDRESS: .....

**SECTION THREE  
INFORMATION ON ANY SPOUSE/PARTNER**

**NAME OF ANY SPOUSE / PARTNER:** .....

Title: Mr  Mrs  Miss  Ms  other: ..... (state title)

Date of Birth of any spouse/partner: .....

National Insurance no. of any spouse/partner:.....

Current employment status of any spouse/partner:

Retired  Semi-retired  Employed  Self Employed  Unemployed

Details of current employment, if any, of any spouse/partner:

.....

Brief work history of any spouse/partner:

.....

.....



**WEEKLY HOUSEHOLD EXPENDITURE**

£

Rent (after Housing Benefit) .....

Mortgage .....

Council Tax (after Council Tax Benefit and including Water Rates) .....

Utility costs: Electricity/Gas/Oil/Solid Fuel .....

Telephone .....

Television Licence .....

Car running costs .....

Household – food/clothing .....

Insurances (please detail) .....

Medical - healthcare/dental (please detail) .....

Other:  
(Please give details) .....

.....

**TOTAL WEEKLY EXPENDITURE**

£

=====

**Loans (including Car loan and any Hire Purchase)**

(please give details) .....

**Credit Card/Storecard Balances outstanding:**

(please give details) .....

**Are there any outstanding bills or items of expenditure which are currently causing you concern?**

YES

NO

If yes, please give details: .....

**ASSETS/SAVINGS**

**PLEASE GIVE DETAILS OF THE FOLLOWING:**

Apart from your home, if applicable, do you own any other property? YES  NO

If yes, please give details and approximate value: .....

.....

Current Account Balance: £.....

Deposit/Savings Account(s) Balance (Total): £.....

Do you have a Pension Fund? YES  NO

If yes, please give details: .....

Do you hold any Shares/ISA's/Bonds/National Savings? YES  NO

If yes, please give details, including number held and name of Company as appropriate: .....

.....

.....

.....

Do you have any other assets? YES  NO

If yes, please give details and value, if known: .....

**PRINCIPAL BANK ACCOUNT INFORMATION:**

NAME OF ACCOUNT HOLDER: .....

TYPE OF ACCOUNT: .....

SORT CODE: ..... ACCOUNT NO: .....

BANK/BUILDING SOCIETY: .....

ADDRESS: .....

..... POSTCODE: .....

Any payments you receive from RSABI will be paid directly into your bank account as detailed above.



**PLEASE GIVE THE NAME OF A RELATIVE, FRIEND OR OTHER PERSON WHOM WE COULD CONTACT IF NECESSARY.**

|                    |                    |
|--------------------|--------------------|
| Name .....         | Name .....         |
| Address .....      | Address .....      |
| .....              | .....              |
| .....              | .....              |
| Postcode .....     | Postcode .....     |
| Telephone no.....  | Telephone no.....  |
| Relationship ..... | Relationship ..... |

**DATA PROTECTION**

When you apply to RSABI for assistance, we need to ask for personal information about you so that we can ascertain whether or not you are eligible for help. We will keep such information (and any further such information provided in connection with any ongoing support provided by RSABI to you) strictly confidential. We will not pass your details to any other person or organisation for any reason, except where we are required by law to do so.

The personal information on this application, and any further personal information and documents received, will be used by RSABI in connection with your application for assistance, in connection with any ongoing support provided by RSABI to you and for accounting and audit purposes. We may disclose general information in our Annual Report and in other RSABI publications and media about the support provided to our beneficiaries.

The information referred to above will be held in RSABI's paper and digital files and a summary of such information will be entered on to a database. Under data protection, we are required to tell you what information we hold on you and how that information will be used.

Please tick to show that you have read and understand the following:

- In accordance with data protection legislation, I consent to RSABI holding and using the information on this application, and any further information and documents received, for the purposes stated above
- I declare that the information I have provided to RSABI is true and accurate, to the best of my knowledge and
- I undertake to inform RSABI of any changes in my circumstances that might affect any decision to provide support to me at any time

I would like to receive information about the work of RSABI: YES  NO

Signed: ..... Date: .....

**FORM OF AUTHORITY**

To whom it may concern

I/We .....

of .....

.....

.....

do hereby authorise RSABI, The Rural Centre, West Mains of Ingliston, Newbridge, Edinburgh, EH28 8NZ to:-

- approach other charities on my behalf. YES  NO
- request and receive any information required by RSABI from my GP or other health professional in order to facilitate my request for assistance: YES  NO
- approach the Department for Work and Pensions, my local Council, HMRC and/or any other Agency or utility company on my behalf in connection with my Pension/Benefits/Tax Credits or any other matters: YES  NO

Signed: .....

Date: .....

Signed: .....

Date: .....

**Now send the form with Birth, Marriage and Medical Certificates, as appropriate, in the reply paid envelope (if provided) to:**

**THE WELFARE MANAGER, RSABI, THE RURAL CENTRE, WEST MAINS OF INGLISTON, NEWBRIDGE, EDINBURGH, EH28 8NZ**

**Your certificates will be returned promptly by recorded delivery. Please note that photocopies are acceptable.**

**RSABI, The Rural Centre, West Mains of Ingliston,  
Newbridge, Edinburgh, EH28 8NZ**

Tel: 0131 472 4166 • Fax: 0131 427 4156

E-mail: [rsabi@rsabi.org.uk](mailto:rsabi@rsabi.org.uk) • Website: [www.rsabi.org.uk](http://www.rsabi.org.uk)

Scottish Charity No. SC009828

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