

THE RALPH AND MERIEL RICHARDSON FOUNDATION

Registered Charity No: 1074030

Registered Office: c/o Suite 23, 19 Cavendish Square, London W1A 2AW

Tel: 020 7546 8889 – Fax: 020 7664 4489

Trustees
Samantha Bond
Joanna David
Brian Eagles
Marje Eagles
Edward Hardwicke
Michael Woods

Patrons
Simon Callow
Ronnie Corbett
Albert Finney
Edward Fox
Emilia Fox
Anthony Hopkins
Alan Howard
Phyllida Law
Anna Massey
Sophie Thompson

Manager:
Christine Purdy

ASSISTANCE APPLICATION FORM
(Confidential)

PERSONAL DETAILS

Full Name: _____ Professional Name (if different): _____

Address: _____

Full Postcode _____ Telephone No: _____

Date of Birth _____

Marital Status _____ Number of dependent family, with ages _____

Reasons for Application and amount of grant requested:

Doctor's name and Address (if relevant): _____

Reference may be made to Doctor: Yes/No

CAREER DETAILS

Time in Profession: _____

Please provide a Curriculum Vitae

Date of Last Engagement: _____

Employment with other Profession or Business: _____

Have you

1.	Applied to the Foundation before	YES/NO
2.	Applied to any other charity	YES/NO

(If yes please supply details on a separate sheet)

Agreement & Declaration

1. **I hereby declare** that all questions contained in this form have been fully and truthfully answered to the best of my ability and that the details of income, expenditure and capital are correct.
2. **I understand** that the details disclosed on this form by me will be held by the Foundation under the terms of the Data Protection Act 1998 for the purpose of assessing and reviewing any financial or welfare assistance from the Foundation.

Signed _____ Dated _____

Please return this form to:

The Ralph & Meriel Richardson Foundation
19 Cavendish Square
London W1A 2AW

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ADDITIONAL ASSISTANCE APPLICATION FORM

FINANCIAL DETAILS

YEARLY INCOME – Please give details

Professional earnings	£
Business earnings	£
Bank interest	£
Dividends	£
Retirement Pension	£
Widows Pension	£
Husband/Wife/Partner's separate Earnings/Pension	£
Income Support	£
Incapacity/Invalidity/Unemployment Benefit	£
Disability Related Benefits	£
Attendance Allowance	£
Family/Child Related Benefits	£
Housing Benefit	£
Income/grants from other Theatrical Charities	£
Income/grants from other Charities/sources	£
TOTAL	£

ASSETS

Current value of house/flat (if owned by you)	£
Bank Balances (Current Account) _____	£
(Deposit Account) _____	£
Building Societies	£
Post Office Accounts	£
Other Income producing assets	£
TOTAL	

ANNUAL EXPENDITURE

Rent	£
Mortgage	£
Ground Rent/Service Charges	£
Council Tax	£
Water Rates	£
Heating	£
Electricity	£
Telephone	£
Household Expenses	£
Arrears due of any kind (please state what and how much)	£
_____	£
_____	£
Domestic Help	£
Medical expenses	£
Credit Cards	£
HP Repayments	£
Other Expenditure (please give details)	£
_____	£
_____	£
_____	£
Child Care	£
Insurance	£
TOTAL	