

# THE RALPH AND MERIEL RICHARDSON FOUNDATION

Registered Charity No: 1074030

Address for Correspondence: c/o Burlingtons Legal LLP, 5 Stratford Place, London, W1C 1AX

Tel: 020 7529 5420

**Trustees**  
Brian Eagles  
Marje Eagles  
Emilia Fox  
Nickolas Grace  
Tony Hyams

## ASSISTANCE APPLICATION FORM (Confidential)

**Patrons**  
Simon Callow CBE  
Joanna David  
Albert Finney  
Edward Fox OBE  
Anthony Hopkins  
Phyllida Law OBE  
Sophie Thompson  
Angela Thorne

**Chair of Grants Committee**  
Joanna David

**Administrator:**  
manager@sirralphrichardson.org.uk

### PERSONAL DETAILS

Full Name: \_\_\_\_\_

Professional Name: \_\_\_\_\_  
(if different)

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

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 with dates**

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)  
Do you give: 3. Permission to send this application to a sister charity YES / NO

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## 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 Ralph and Meriel Richardson Foundation ("Foundation") will, in accordance with the requirements and obligations of the provisions of the General Data Protection Regulation, hold, use, store and retain the personal data and information ("Personal Information") I have disclosed in this Form and/or in any accompanying letter, communication or document supplied to it, in accordance with its Privacy Policy set out on its website [www.sirralprichardson.org.uk](http://www.sirralprichardson.org.uk) which I have seen and accept. I understand that my Personal Information may be held by the Foundation in written and/or digital/electronic form, and that from time to time the Foundation may need to deal with or process this Personal Information in order to be able to endeavor to assist me.
3. I therefore give my consent to the Foundation for it to deal with and process my Personal Information for the purposes of:
  - the Trustees reviewing and assessing my Application and furnishing copies of my Personal Information to the members from time to time of the Foundation's Grants Committee
  - the Foundation's Administrator sending details of my Application and other Personal Information to other charities who may be able to assist me
  - the Foundation providing me with financial or welfare assistance
  - the Foundation assisting me in any way

**N.B.** The Foundation will only deal with and process your Personal Information for the purposes set out above and will not pass or disclose it to any third party for reasons other than those set out above without your consent. Please also note that if at any time you wish to withdraw your consent, you may do so by email to [manager@sirralprichardson.org.uk](mailto:manager@sirralprichardson.org.uk) or by writing to The Administrator, The Ralph and Meriel Richardson Foundation, c/o Burlingtons Legal LLP, 5 Stratford Place, London, W1C 1AX notifying the withdrawal of your above consent or any part of it.

Signed .....

Please email to me a copy of your Privacy Policy which I refer to above. YES/NO

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## FINANCIAL DETAILS

### YEARLY INCOME – Please give details

Professional earnings	£
Business earnings	£
Bank interest	£
Dividends	£
Retirement Pension	£
Private 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	£
<b>TOTAL</b>	£

### ASSETS

Current value of house/flat (if owned by you wholly or in part)	£
Bank Balance (Current Account)	£
Bank Balance (Savings Account)	£
Building Societies	£
Post Office Accounts	£
Other Income producing assets	£
<b>TOTAL</b>	£

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## 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	£
<b>TOTAL</b>	£

**Please return the completed form to:**

The Administrator  
The Ralph and Meriel Richardson Foundation  
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OR scan and email to: [manager@sirralphrichardson.org.uk](mailto:manager@sirralphrichardson.org.uk)

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