

APPLICATION FORM

Veterinary Nursing Benevolent Fund

“Supporting members and their families in times of hardship or need”

The Daphne Shipman Benevolent Fund (DSBF) has been set up to assist BVNA members who are in severe financial hardship. The fund is available on the basis of donations agreed by the DSBF to members with at least two years' membership. Collective claims will not be considered and please note that claims to replace loss of wages for reasons other than ill health are not eligible.

We will let you know that we have received your application, which will be assessed as quickly as possible. We also need to check that your request meets our criteria and that you are eligible to apply. Please be aware that applications are prioritised in terms of their urgency and not necessarily in order of the date they are received. You will be notified in writing once we have made our decision. Where a bursary is agreed, this will be paid in the form of a cheque made out either to you (where assistance is for personal expenditure) or to a third party i.e. a fuel company (where assistance is for payment of goods or services). If you receive a monetary award from us you may only use the money for the purpose for which it was given. All our grants are discretionary.

Data Protection Declaration

The purpose of the declaration is to ensure that you are satisfied that the information provided is correct and that you authorise us to approach other charities and organisations. If personal details of your spouse/partner are included, their consent should be obtained wherever possible before the form is returned.



The Daphne
Shipman
Benevolent Fund
Supporting BVNA Members
and their families

DECLARATION

I declare that the foregoing statements made by me are correct to the best of my knowledge and I undertake to inform the Daphne Shipman Benevolent Fund immediately of any changes in my circumstances.

I authorise The Daphne Shipman Benevolent Fund, and anyone properly instructed on its behalf, to make any enquiries deemed necessary in support of my application.

I consent to the disclosure of any information provided by me to other charities and/or relevant third parties who may be contacted in the course of such enquiries.

I understand that this process may include disclosure of, information to any relevant medical expert or doctor, my general practitioner, the referees and any individual or organisation that can verify the financial information provided by me and I give my consent to this.

I understand that this information will be retained and processed for the purposes of this and any future applications made to The Daphne Shipman Benevolent Fund and I give my consent to this.

Signature of applicant

Date

Did the applicant complete the form Yes ☐ No ☐

If the answer is No, please insert name, address, telephone number and relationship to the applicant, below

Please complete the form and return to;
The Daphne Shipman Benevolent Fund
BVNA, Suite 123 Innovation Centre
Maypole Boulevard
Harlow
Essex
CM17 9TX

Tel: 01279 969281 Email: Treasurer, Angela Mariconda via angela@bvna.co.uk

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