

**Guidelines**

**ELIGIBILITY**

In order to be eligible for a grant from CHSA (Covid 19 Healthcare support Appeal) The Queen’s Nursing Institute you must:

* Be a registered nurse or midwife
* Have 3 full time consecutive years of experience of providing nursing
* Be currently living in England, Wales and Northern Ireland and have worked as a community nurse or midwife in England, Wales and Northern Ireland. Please note that we cannot help nurses who live and work in Scotland.
* Be in financial difficulty caused by Covid.

Please note we cannot offer assistance whilst on an Interim Suspension Order.

If you are not sure if you are eligible, please contact Justine Curtis on email at [justine.curtis@qni.org.uk](mailto:justine.curtis@qni.org.uk) or telephone 07716 080058  and leave a message (Please note Justine works Monday, Tuesday & Thursday afternoons).

**HOW WE CAN HELP**

We can provide financial assistance to help with:

* Short term financial emergencies
* Loss of earnings

**required supporting documentation**

Please note that we require all of these supporting documents in order to process your application:

* **If you are claiming for medical reasons you must enclose Doctors Certificate/Medical letter**
* **Copies of all bank statements covering the last two months**
* **NMC certificate**
* **Pay slip or pension advice, and/or notification of state benefits being received**

**APPLICATION FORM**

In order to avoid disappointment, please ensure that you fit the eligibility criteria and are able to provide all required supporting documentation listed above before completing the application form.

Complete the application form below, either by hand or typing into the document. You can send the form and required supporting documents to us:

* By email to [justine.curtis@qni.org.uk](mailto:justine.curtis@qni.org.uk)

Please note: Processing an application will take on average 10-15 working days from the date we receive all necessary information.

We cannot process an application until we have received all the documents outlined in the section “Required Supporting documents” above.

Whilst we consider all requests for help, there must be a priority need and applicants are not guaranteed assistance as cases are assessed on a case by case basis.



**CHSA Application Form**

PRIVATE & CONFIDENTIAL

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| YOUR DETAILS | | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | Forename: | | | | | |  | | | |
| Date of birth: |  | | | | | | Middle name(s): | | | | | |  | | | |
| Home tel: |  | | | | | | Mobile : | | | | | |  | | | |
| Email: |  | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | |
| Town: |  | | | | | | County: | | | | | |  | | | |
| Postcode: |  | | | | | | | | | | | | | | | |
| Job Title: |  | | | | | | Band: | | | | | |  | | | |
| NHS or Non NHS: |  | | | | | |  | | | | | |  | | | |
| Are you: | Single | | | | Married / Civil Partnership | | | | | | | | | | Widowed | |
| Divorced / Separated | | | | | | Living with a partner | | | | | | | | | |
| Maiden Name  (if married, divorced or widowed) | | |  | | | | | | | | | | | | | |
| Are you registered disabled? | | | Yes | | | | | No | | | | | | | Applied | |
| Are you registered blind? | | | Yes | | | | | No | | | | | | | Applied | |
| NURSING QUALIFICATIONS | | | | | | | | | | | | | | | | |
| Qualification | | | Dates from/to | | | | | | | | | Name of University | | | | |
|  | | |  | | | | | | | | |  | | | | |
|  | | |  | | | | | | | | |  | | | | |
|  | | |  | | | | | | | | |  | | | | |
| NMC Pin Number: | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| Status | | Current | | | | Lapsed | | | | | | | | | Suspended | |
| EMPLOYMENT HISTORY | | | | | | | | | | | | | | | | |
| Dates | | | Post held | | | | | | | | | Employer | | | | |
|  | | |  | | | | | | | | |  | | | | |
|  | | |  | | | | | | | | |  | | | | |
|  | | |  | | | | | | | | |  | | | | |
| NURSING | | | | | | | | | | | | | | | | |
| Please give a short description of your current role | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Date of last employment? | | | | | | | | | | | | | | | | |
| Reason for leaving? | | | | | | | | | | | | | | | | |
| HEALTH | | | | | | | | | | | | | | | | |
| Please give a brief statement about your health below. Please note that we may ask for a medical statement or certificate from your doctor. (continue on separate sheet if necessary) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| ACCOMMODATION | | | | | | | | | | | | | | | | |
| Type of accommodation: | | | House | | | | | Flat | | | | | | Mobile home | | |
| Nursing home | | | | | Residential home | | | | | | | | |
| Other. Please specify:  Click or tap here to enter text. | | | | | | | | | | | | | |
| Conditions of tenure: | | | Own | | | | | | | Rent | | | | | | |
| Other. Please specify:  Click or tap here to enter text. | | | | | | | | | | | | | |
| Do you live alone or share accommodation? | | | I live alone | | | | | | | I share accommodation | | | | | | |
| Do you own a 2nd property? | | | Yes | | | | | | | No | | | | | | |
| adults (over 18) living with you or contributing to household costs | | | | | | | | | | | | | | | | |
| Name | | | | Date of birth | | | | | Relationship | | | | | | | Payment to household |
|  | | | |  | | | | |  | | | | | | |  |
|  | | | |  | | | | |  | | | | | | |  |
|  | | | |  | | | | |  | | | | | | |  |
| children (18 and under) living with you | | | | | | | | | | | | | | | | |
| Name | | | | Date of birth | | | | | Relationship | | | | | | | School/College |
|  | | | |  | | | | |  | | | | | | |  |
|  | | | |  | | | | |  | | | | | | |  |
|  | | | |  | | | | |  | | | | | | |  |
| Please state how covid has affected you financially and the help you need | | | | | | | | | | | | | | | | |
| Please enclose estimates or any quotes obtained. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Have you previously applied to the QNI? | | | | | | | | | | | | | | | | |
| I If yes , please state the amount and date l | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Have you applied to other charities? | | | | | | | | | | | | | | | | |
| Please name any other charities that you have approached or have had assistance from in the past two years and the amount received. We routinely exchange information with many other charities in our field | | | | | | | | | | | | | | | | |
| *Name of charity* | | | | ***Amount of grant*** | | | | | | | ***Date of award*** | | | | | |
|  | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Capital Resources | | | | | |
| Please provide the details of your bank balances. | | | | | |
| *Current account* | | *£* | | | |
| *Deposit account(s)* | | *£* | | | |
| *Savings account(s)* | | *£* | | | |
| *Post office account(s)* | | *£* | | | |
| *Building society account(s)* | | *£* | | | |
| *National Savings* | | *£* | | | |
| *Premium Bonds* | | *£* | | | |
| *Rent from properties / Investments or other assets* | | *£* | | | |
| Monthly income | | | | | |
| Income source | | **You**  *£ per month* | | **Spouse/Partner**  *£ per month* | Office use only |
| Earnings (after tax) | | *£* | | *£* |  |
| State Retirement Pension | | *£* | | *£* |  |
| Occupational Pension | | *£* | | *£* |  |
| Universal Credit | | *£* | | *£* |  |
| Employment Support Allowance | | *£* | | *£* |  |
| Statutory Sick Pay | | *£* | | *£* |  |
| Pension Tax credit | | *£* | | ***£*** |  |
| Working Tax credit | | *£* | | *£* |  |
| Child Tax credit | | *£* | | *£* |  |
| Child Benefit | | *£* | | *£* |  |
| Attendance Allowance | | *£* | | *£* |  |
| Disability Living Allowance / PIP: Care | | *£* | | *£* |  |
| Disability Living Allowance / PIP: Mobility | | *£* | | *£* |  |
| Incapacity Benefit | | *£* | | *£* |  |
| Industrial Injuries Benefit | | *£* | | *£* |  |
| Carers Allowance | | *£* | | *£* |  |
| Family Income Supplement | | *£* | | *£* |  |
| Income Support | | *£* | | *£* |  |
| Housing Benefit | | *£* | | *£* |  |
| Council Tax Benefit | | *£* | | *£* |  |
| Regular Grants from charities | | *£* | | *£* |  |
| Annuities | | *£* | | *£* |  |
| Maintenance / Child Support | | *£* | | *£* |  |
| Rents from property | | *£* | | *£* |  |
| Any other income (please specify) | | | | | |
| Click or tap here to enter text. | | *£* | | *£* |  |
| Click or tap here to enter text. | | *£* | | *£* |  |
| N.B.  Please enclose a copy of a recent payslip.  If you are in receipt of any Social Security Benefits, do not forget to enclose a copy of the Department of Work and Pensions letter showing amounts being received. | | | | | |
| Monthly expenditures | | | | | |
| Expenditure | | **Amount**  *£ per month* | | **Arrears**  *£ per month* | Office use only |
| Mortgage or Rent | | *£* | | *£* |  |
| Endowment / Mortgage insurance | | *£* | | *£* |  |
| Ground charges /Maintenance charges / Service Charges | | *£* | | *£* |  |
| Nursing / Residential Home Fee | | *£* | | *£* |  |
| Home help / Home care / Cleaner | | *£* | | *£* |  |
| Child care costs | | *£* | | *£* |  |
| Council Tax | | *£* | | *£* |  |
| Food | | *£* | | *£* |  |
| Gas | | *£* | | *£* |  |
| Electricity | | *£* | | *£* |  |
| Telephone including mobiles | | *£* | | *£* |  |
| Water Rates | | *£* | | *£* |  |
| Car Insurance | | *£* | | *£* |  |
| Car Tax | | *£* | | *£* |  |
| Petrol | | *£* | | *£* |  |
| House contents insurance | | *£* | | *£* |  |
| Buildings insurance | | *£* | | *£* |  |
| Television licence | | *£* | | *£* |  |
| Television and/or internet tv packages | | *£* | | *£* |  |
| Nurse Registration Fee | | *£* | | *£* |  |
| Other (please specify) | | | | | |
|  | | *£* | | *£* |  |
|  | | *£* | | *£* |  |
|  | | *£* | | *£* |  |
| Liabilities and Debts (e.g. Loans or credit cards) | | | | | |
| Liability/debt/loans | | *Monthly repayment* | | *Amount outstanding* | Office use only |
| Click or tap here to enter text. | | *£* | | *£* |  |
| Click or tap here to enter text. | | *£* | | *£* |  |
| Click or tap here to enter text. | | *£* | | *£* |  |
| N.B.  Please note that non-essential expenditure will not be taken into consideration when assessing an application. | | | | | |
| How did you hear about the Queen’s Nursing Institute? | | | | | |
|  | | | | | |
| declarations | | | | | |
|  | I hereby certify that the information contained within this document is a true record of my current situation. **Information given falsely or deliberately withheld will invalidate the application and no payment will be made, or if already in payment, stopped.** | | | | |
|  | I understand that all information provided by myself or someone acting on my behalf will form a manual and computer file both of which are registered under the General Data Protection Regulation. | | | | |
|  | For verification purposes, I understand that The Queen’s Nursing Institute may contact the Department of Work and Pensions, NMC, Local Authorities or my GP to confirm information stated on this form. In some instances, the QNI may also request that a letter of referral be supplied to support the application. | | | | |
|  | Unless an objection is supplied in writing, information contained within this form may be shared with other charities in order to try to secure the help I require, and to protect the funds of the QNI. | | | | |
|  | We sometimes use applications as case studies in an anonymised version on our website to promote our financial assistance. By ticking this box you consent to us using this case. It would never feature your name or any personal details. | | | | |
| signature | | | **date** | | |
|  | | |  | | |

Please check you have included the following:

* Bank statements (last two months)
* Council Tax Bill
* Pay slip
* Notice of state benefits
* Evidence of nursing

**Equality and Diversity form**

We would be very grateful if you would provide the following information.

It will only be used to monitor the effectiveness of our equality and diversity policy.

|  |
| --- |
| Ethnicity |
| South Asian or Asian British  ☐  Bangladeshi  ☐  Indian  ☐  Pakistani  Any other background, please write here: …………………………………….. |
| Black or Black British  ☐  African  ☐  Caribbean  Any other background, please write here: …………………………………….. |
| Middle Eastern or North African  ☐  Middle Eastern  ☐  North African  Any other background, please write here: …………………………………….. |
| Chinese or other South East/East Asian  ☐  Chinese  Any other background, please write here: …………………………………….. |
| Native American/Latino/Latin American  ☐  Native American  ☐  Latino/Latin American  Any other background, please write here: …………………………………….. |
| Mixed Heritage  ☐  White and Asian  ☐  White and Black African  ☐  White and Black Caribbean  Any other background, please write here: …………………………………….. |
| Indigenous Populations  ☐  Indigenous Australian  ☐  Maori  ☐  Pacific Islander  ☐  Indigenous Arctic  Any other background, please write here: …………………………………….. |
| White  ☐  British  ☐  English  ☐  Irish  ☐  Scottish  ☐  Welsh  Any other background, please write here: …………………………………….. |
| ☐  prefer not to say |
| Disability |
| Do you consider yourself to have a disability or long-term health condition:  ☐  Yes  ☐  No  ☐  prefer not to say |
| Gender |
| Would you describe yourself as:  ☐  Male    (including trans male)  ☐  Female  (including trans female)  ☐  Non binary  ☐  other  ☐  prefer not to say |
| Sexual orientation |
| What is your sexual orientation:  ☐  Bisexual  ☐  Gay man  ☐  Gay Woman  ☐  Heterosexual  ☐  Asexual  ☐  Questioning/unsure  ☐  other  Any other, please write here: ……………………………………..  ☐  prefer not to say |
| Age |
| Are you aged:  ☐  18 – 25 years  ☐  26 – 65 years  ☐  66 years and over |
| Religion and belief |
| Please tick the box that best describes your beliefs:  ☐  Buddhist  ☐  Christian  ☐  Hindu  ☐  Jewish  ☐  Muslim  ☐  Sikh  ☐  No religion  ☐  Other religion or belief (please state):  ☐  prefer not to say |