

**SCOTTISH BUILDING FEDERATION  
EDINBURGH AND DISTRICT  
CHARITABLE TRUST**

**Scottish Charity Number: SCO 29604**

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The Trust provides financial support to persons in reduced circumstances who have been involved with the building trade in the Lothians, or their widows, widowers, children or other dependant relatives.

**Application Form**

FULL NAME .....

FULL ADDRESS .....

.....

POST CODE .....

HOW LONG RESIDENT AT THIS ADDRESS .....

TELEPHONE NUMBER .....

EMAIL (if available) .....

DATE OF BIRTH .....

**To be returned to:**

**SCOTT-MONCRIEFF**

**EXCHANGE PLACE 3**

**SEMPLE STREET**

**EDINBURGH EH3 8BL**

**Telephone No: (0131) 473-3500**

**[www.scott-moncrieff.com](http://www.scott-moncrieff.com)**

# SCOTTISH BUILDING FEDERATION EDINBURGH

**All information provided will be treated in strict confidence and will not be divulged to third parties**

PLEASE USE **BLACK BALLPOINT**

| QUESTIONS             | ANSWERS |
|-----------------------|---------|
| 1. Current Employment |         |
| Current Employer      |         |
| Job Title             |         |

**2. PREVIOUS EMPLOYMENT – Where the applicant has been employed in the building industry**

|                             |  |          |
|-----------------------------|--|----------|
| Last job                    |  | Employer |
| Years worked in that job    |  |          |
| Date last worked            |  |          |
| Reasons for ceasing to work |  |          |

**2. Where the applicant has had connection with the building trade in the Lothians through a relative or is or was otherwise a dependant of an employee in the building trade in the Lothians**

|                                    |  |
|------------------------------------|--|
| Name of relative                   |  |
| Nature of relationship/dependency  |  |
| Last employer of relative          |  |
| Last job held                      |  |
| Number of years worked in that job |  |
| Date last worked                   |  |
| Reasons for ceasing to work        |  |

**3. FAMILY**

Particulars of Applicant's Partner and Family

| Christian Names | Date of Birth | Living at Home or Away | Relationship to Applicant | Employed or at School | Weekly Wages |   | Weekly Payment to Household |   |
|-----------------|---------------|------------------------|---------------------------|-----------------------|--------------|---|-----------------------------|---|
|                 |               |                        |                           |                       | £            | p | £                           | p |
|                 |               |                        |                           |                       |              |   |                             |   |
|                 |               |                        |                           |                       |              |   |                             |   |
|                 |               |                        |                           |                       |              |   |                             |   |
|                 |               |                        |                           |                       |              |   |                             |   |

**4. How did you find out about this Charitable Trust?**

.....



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| QUESTIONS | ANSWERS |
|-----------|---------|
|-----------|---------|

**9. HEALTH QUESTIONS**

|  |  |                                       |
|--|--|---------------------------------------|
| What is the Diagnosis (name) of your illness/disability?   |  |                                       |
| When did your illness/disability start?  |  |                                       |
| Because of your illness(es)/disability(ies) have you had to:<br><br>(a) See a specialist in hospital?<br><br>(b) Been admitted to hospital?<br><br>(c) Have an operation?<br><br>(d) What is your current state of health? | Yes/No (delete as appropriate)<br><br>Yes/No<br><br>Yes/No | Date(s)<br><br>Date(s)<br><br>Date(s) |
| How does your illness/disability affect your daily life?   |  |                                       |
| What is the name and address of your doctor<br><br><br><br><br><br>Telephone number  |  |                                       |

**THIS SECTION MUST BE COMPLETED**

**10. DECLARATION**

|   |            |
|---|------------|
| <p><b>I confirm that the information given above is correct to the best of my knowledge and I agree that the Trust may make such enquiries as are necessary. I understand that the information on this form will be used to assist the Trust in proceeding with this application and I hereby give consent to its use for that purpose. In particular, I authorise my doctor(s) to give such information in support of this application as may be requested by the Trust.</b></p> |            |
| Signature of Applicant .....  | Date ..... |