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**THE ROYAL SOCIETY
FOR
HOME RELIEF TO INCURABLES
EDINBURGH**

Scottish Charity Number: SCO 04365

Application Form

FULL NAME

FULL ADDRESS

.....

POST CODE

HOW LONG RESIDENT AT THIS ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

The Society gives assistance to persons (normally under retirement age) throughout Scotland who have ceased to work on account of having an incurable illness. The Society normally considers those who have ceased employment within the last 10 years. An allowance is given quarterly to assist in providing extra help. The Society however is not in a position to consider isolated requests to meet single emergencies.

To be returned to:

**SCOTT-MONCRIEFF
EXCHANGE PLACE 3
SEMPLER STREET
EDINBURGH EH3 6LJ
Telephone No: (0131) 473-3500**

RELIEF TO INCURABLES, EDINBURGH

ALL QUESTIONS MUST BE ANSWERED - • - PLEASE USE **BLACK BALLPOINT**

QUESTIONS	ANSWERS
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4. SAVINGS AND OTHER INCOME

Has Applicant any savings or other income? (such as balances with bank and building society accounts, investments, etc)	
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5. PREVIOUS APPLICATION

Has applicant applied before? If so, is there any change in circumstances since previous application?	
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6. DECLARATION

<p>I confirm that the information given above is correct to the best of my knowledge and I agree that the Society may make such enquiries as are necessary. I understand that the information on this form will be used to assist the Society 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 Society's Doctor.</p> <p>Signature of Applicant Date</p>	
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7. HEALTH QUESTIONS

Please answer the questions on the next page.

8. LETTER OF SUPPORT

A report from the Applicant's social worker or health care professional, if appropriate, would assist the Directors in considering the application.

THE ROYAL SOCIETY FOR HOME RELIEF TO INCURABLES, EDINBURGH

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QUESTIONS	ANSWERS
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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: (a) See a specialist in hospital? (b) Been admitted to hospital? (c) Have an operation?	Yes/No (delete as appropriate) Yes/No Yes/No	Date(s) Date(s) Date(s)
Give the names of any medicines you are taking now		
Are you able to go out? (a) Alone (b) With someone		
Are you incontinent?		
What is the name and address of your doctor Telephone number		

NOTE:

The Society is unable to consider applications from those suffering from the following main illnesses:

Alcoholism or drug abuse, Mental Illness, those with Learning Difficulties, Primary Epilepsy, Blindness or visual impairment, Birth Deformities as a primary cause of disability.