

EMERGENCY CRISIS GRANT

As this is an Emergency Grant we cannot give cash. Any payments towards arrears or goods will be paid direct to the supplier

Essential Utility Arrears You need to have supplied a full statement clearly showing name address with the amount of arrears with full banking details of the supplier and reference number.	
Phone Bill You need to have supplied a full statement clearly showing name address with the amount of arrears with full banking details of the supplier and reference number.	
Rent Arrears You need to have supplied a full statement clearly showing name address with the amount of arrears with full banking details of the landlord and reference number.	
Food Vouchers To assist with cash flow problems for at least four weeks.	
White Goods We will purchase on your behalf and pay for delivery and installation including taking away old appliance.	
Other essential items If there is something that you urgently need please give details and cost below.	

Please tick the boxes confirming the information has been attached/enclosed

Full theatrical CV including dates of employment	
Proof of current benefits clearly showing name and address and showing how the benefit has been calculated.	
If you are unable to work due to illness/injury, please enclose a medical certificate or a letter from your GP or consultant with a diagnosis of your illness or injury.	
Copy of a recent bank statement for all accounts held including your partner's if applicable.	
If you owe rent, council tax or utility arrears please provide proof.	
Please tick the box if you give permission to share your information with other arts charities. This is to ensure you get the maximum help needed.	

If you have provided false or misleading information on your application and/or attached documents, you will not be considered for any financial support

Application Form

Please complete all sections of this form. If this form is not completed in full your application will not be processed.

1. Personal details

Name		Pro	ofessio	onal Nam	ne	
E-mail	Telephone:				Mobile:	
Address		Date of	Birth			No. of children under 18
		Single		Couple		
						u a carer? ges) / friend
Name and contact of next of kin						
Please explain why you are askir Maximum of 200 words	ng the Fund	for suppo	rt, thi	s statem	ent will	be taken into account.

2. About your Career

Please provide a copy of your professional CV with this application

Main Occupation	Have y	ou applied to us before?
	Yes	No
How long have you worked in the entertainmen	nt business?	
Are you a member of Equity? If yes, please provide your membership number.	Please provide the linl	k to your Spotlight page.
Packstage/Front of House		
Backstage/Front of House If your main occupation is backstage/front of hou		
please supply a contract of employment or proof	or career.	
3. Finances		
Your earnings		
What is your averaged annual earned income (ple of income). Use the figures from either your P60's	-	
declaration, evidence of earned income from the should be supplied.	entertainment business	
Please do not include information about any benefits	you receive in this section.	£
Property you own		
Do you own your own home?		
Yes No		
If yes, how much is the balance on the mortgag and over how many years are you repaying the	•	
Balance £ Years		
	hat is the total monthly ortgage payment?	Do you own more than one property?
		Yes No
What is the current value of your property		
£		

Do you rent your home?		nuch is the to t for the prop	monthly bution?		
Yes No					
	Private	Council	Housi	ng Associatior	1
Your debts Please include details of rer credit cards, store cards or			overdraft	s,	
Creditor	Amount owed e.g. £5,000	Cred	itor		Amount owed e.g. £5,000
Overdraft	£				£
Council Tax Arrears	£				£
Rent Arrears	£				£
Utility Arrears	£				£
Mortgage Arrears	£				£
Tax owed	£				£
Your savings What is the total value of your savings including stocks and shares?					
£					
You and your partner Please provide details of yo			vide pro	oof.	
Source of Income e.g. Royalties/Partner's inco		you or your pa after expenses		Frequency e.g. Weekly	
	£				
	£				
	£				
	£				
	£				
Partner's Profession:					

Property you rent

Benefits

Please provide details of any benefits you or your partner currently receive:

Name of benefit

e.g. Universal Credit/PIP/

Working tax credit/DLA/Housing benefit/ Carers Allowance etc.	Amount you or your partner receive e.g. £100	Frequency of payment e.g. Weekly / Monthly
	£	
	£	
	£	
	£	

Your Expenditure

Please provide details of you and your partner's monthly expenditure (excluding mortgage / rent payments):	Your share e.g. Weekly / Monthly	Their share e.g. Weekly / Monthly
Council tax	£	£
Service Charge / Ground rent	£	£
Water	£	£
Heat / Light	£	£
Home insurance	£	£
Car cost including fuel	£	£
Life insurance	£	£
TV, phone and internet	£	£
Food shopping	£	£
Public transport	£	£
Other essential expenditure (Please give details)		

4. Other Information

Have you / Are you applying to any other theatrical charities? In addition to this application to If so, list the charities and the grants you have received. This will not stop us considering your application!							
The Royal			Charity name			Amount.	Date.
Yes	No					£	
						£	
						£	
						£	
						£	
						£	
Where did	d you hea	r about the Fund?					
5. P a	ıymo	ent Deta	ils				
Complet	ion of th	nis form shows ag	greement to al	low u	s to hold yo	ur banking details	on our files.
Your Nan (Please u		se Print) panking name					
Banki Name of		tails					
Address o	of bank:			Sort	Code:		
				Acco	ount Number:		
				Sign	ature:		
				Date	e:		

6. Signed Declaration

	I declare the information provided in this application is true and correct
	I understand, that by submitting my details to The Royal Theatrical Fund, that they will hold my personal data and information about me in writing or digitally, in relation to my application for support. I give my consent for the Royal Theatrical Fund to process this information for the purposes of assessing my application for support. IF YOU DO NOT TICK THESE BOXES, WE ARE UNABLE TO PROCESS YOUR APPLICATION.
Date	
Name	Signature
	rify your career please provide contact information of a theatre ssional. Please provide name/contact number & email.

Please send all the information and the completed form to admin@trtf.com Or send to.

The Royal Theatrical Fund 11 Garrick Street London WC2E 9AR

We will endeavour to contact you by the end of the month.

Please be aware we may need additional information to process you application.