***BARRISTERS' BENEVOLENT ASSOCIATION LTD***

***14 GRAY'S INN SQUARE, LONDON WC1R 5JP***

***TELEPHONE: 020 7242 4761or 020 7242 4764***

**E-mail: nicky@the-bba.com & annette@the-bba.com**

**Website: www.the-bba.com**

**PLEASE EMAIL THE APPLICATION FORM AS A WORD DOCUMENT TO NICKY AND ANNETTE.**

[nicky@the-bba.com](mailto:nicky@the-bba.com) & [annette@the-bba.com](mailto:annette@the-bba.com)

ANSWER **ALL** THE QUESTIONS SO THAT THE COMMITTEE ARE AS

FULLY INFORMED AS POSSIBLE. IF YOU ARE IN ANY DOUBT THE STAFF WILL ASSIST

NAME OF APPLICANT:

(in capital letters):

DATE OF BIRTH:

ADDRESS:

(in capital letters):

POSTAL CODE:

TELEPHONE NUMBER:

LAND LINE: MOBILE:

PERSONAL EMAIL: WORK EMAIL:

**QUALIFICATION**

Are you a barrister who has practised in England and Wales?

Date of last paid brief in court:

If not, how are you related to such a barrister?

Date of Call:

Inn:

Circuit:

Please give the following particulars about yourself or the barrister concerned:

* Chambers where practice was last carried out:
* If the barrister is deceased, please state:

* Date deceased:
* The names and addresses of the Executors or Administrators of his or her Estate:
* The value of the Estate at date of death:

Please give the names and addresses of two barristers or solicitors who can vouch that you (or the barrister concerned) practised in England or Wales:

(a)

(b)

Please give the names and addresses of two people **who know you personally** to whom the Committee may refer for information:

(a)

(b)

Please give your permission for The BBA to contact the above references:

Has any application for assistance ever been made before to this Association by or on behalf of yourself or your family?

If so, when?

Has an approach been made, or will an approach be made, to any other Charity, Society or Institution in respect of this application?

If so, which?

Please state shortly the circumstances which have caused you to apply and provide medical evidence if relevant:

**FAMILY AND DEPENDANTS**

Are you now or have you been married?

* If so, please give date of marriage
* If not now married, do you have a permanent partner with whom you are now living?

Please give the following particulars of your husband or wife (if now living) or your permanent partner (if now living), and of your children or any other dependants of yours now living, or if none, of your next-of-kin:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | Living at Home or Away | Relation to  Applicant | School or  Employment | Weekly Income | Weekly Payment to  Household |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

You are asked in the section marked "Assets" on page 5 below to identify assets belonging to you and your husband or wife or permanent partner. Please give details here of any other assets belonging to your children or other dependants or members of your household which can be made available to you or for your benefit:

For what assistance are you applying?

What employment have you had during the last 12 months?

PLEASE STATE ALL EMPLOYERS AND HOW MUCH EARNED

Please give details of any period(s) during which

you have worked in the last 12 months:

Please give dates:

Do you have any prospects of further or other employment within the foreseeable future? If so, please give details:

If you have prospects of further or other employment within the foreseeable future, what difference would such employment make to your income?

**ASSETS**

Please state the value of all assets belonging to you and your husband or wife or permanent partner, other than household goods and personal clothing, giving the date of valuation where relevant. Provide recent bank statements if available.

PLEASE STATE AMOUNTS

|  |  |
| --- | --- |
| House / Flat  Mortgaged to (please specify): | £  subject to mortgage(s) of:  £ |
| Other Real Property  Mortgaged to (please specify): | £  subject to mortgage(s) of:  £ |
| Building Societies  (please specify balance, addresses and account numbers): | £ |
| Bank Deposit Accounts  (please specify balance, addresses and account numbers): | £ |
| Bank Current Accounts  (please specify balance, addresses and account numbers): | £ |
| Post Office or Other Savings Accounts  (please specify with account numbers): | £ |
| Stocks and Shares | £ |
| Life Insurance Policies  (please specify companies and policy numbers): | £ |
| Endowment Policies  (please specify companies and policy numbers):  Aged Debt | £ |
| National Savings Investments Accounts  Premium Bonds |  |
| Motor Car(s) – Make, model, year of manufacture and value |  |
| Income Bonds |  |
| Antiques  LIST ITEMS AND THEIR VALUE |  |

TOTAL =

**INCOME:** What income did you and your husband or wife or permanent partner receive during the last 12 months? Please show whether the figure given is **per week**, **per month** or **per year**, and whether it is **gross** (i.e. without deduction of income tax) or **net**, i.e. after tax was deducted, and verify from relevant documents (including DWP):

**TYPE OF INCOME AMOUNT GROSS OR NET**

|  |  |  |
| --- | --- | --- |
| Earnings of Applicant  (less tax and National Insurance) |  |  |
| Allowance from partner/  maintenance/spouse’s income |  |  |
| Occupational Pension |  |  |
| Retirement Pension |  |  |
| Widow's Pension |  |  |
| Other pensions  (please specify) |  |  |
| Income from house property |  |  |
| Income from sub-letting |  |  |
| Income from paying guests |  |  |
| Investment income from stocks and shares |  |  |
| Interest from Bank or Building society deposits |  |  |
| Income or interest from legacies or trust funds (please specify) |  |  |
| Gifts: from relatives |  |  |
| Grants: from this Association |  |  |
| Grants: from any other Charity, Society or Institution |  |  |
| Jobseeker’s Allowance |  |  |
| Employment & Support Allowance |  |  |
| Incapacity Benefit, DLA or PIP |  |  |
| Severe Disablement Allowance |  |  |
| Maternity Allowance |  |  |
| Child Benefit |  |  |
| Attendance Allowance |  |  |
| Universal Credit |  |  |
| The Disability Working Tax Credit |  |  |
| Working Tax Credit |  |  |
| Income Support Personal Allowance |  |  |
| Income Support Premium: Family |  |  |
| Income Support Premium: Disabled Child |  |  |
| Income Support Premium: Carers’ |  |  |
| Income Support Premium: Disability |  |  |
| Income Support Premium: Severe Disability |  |  |
| Income Support Premium: Pensioner (60 -74) |  |  |
| Income Support Premium: Enhanced Pensioner (75 - 79) |  |  |

|  |  |  |
| --- | --- | --- |
| Income Support Premium: Higher Pensioner (80 +) |  |  |
| Housing Benefit |  |  |
| Government Heating  Allowance |  |  |
| Pension Credit |  |  |
| Children’s Tax Credit |  |  |
| Any other sources of income (please specify) |  |  |

TOTAL =

What have been your liabilities for outgoings and expenses during the last 12 months? Please show whether the figure given is **per week,** **per month** or **per year**. Please provide documentary evidence of the rent paid and details of the lease.

**LIABILITIES/EXPENSES OUTGOING ARREARS**

|  |  |  |
| --- | --- | --- |
| Rent: (What you pay if you are in receipt of Housing Benefit) |  |  |
| Mortgage Payments |  |  |
| Council Tax |  |  |
| Water Rates |  |  |
| Repairs |  |  |
| Gas |  |  |
| Electricity |  |  |
| Other Fuels |  |  |
| Telephones:-  Landline  Mobile  Internet |  |  |
| TV Licence |  |  |
| TV Hire |  |  |
| Hire Purchase payments |  |  |
| Food |  |  |
| Domestic Help |  |  |
| Other Household Expenses |  |  |
| Clothing (including cleaning and repairs) |  |  |
| Dependent relatives |  |  |
| School Fees |  |  |
| Household Insurance premiums |  |  |
| Accident/Health Insurance Premiums |  |  |
| Car Insurance Premiums |  |  |
| Car Tax/Road Fund Licence |  |  |
| Car Maintenance and M.O.T. |  |  |
| Petrol |  |  |
| Other Travel Expenses |  |  |
| Chambers Expenses (Rent, Clerks etc.)  Practising Certificate  Bar Insurance |  |  |
| National Insurance Contributions |  |  |
| HMRC re Income Tax |  |  |
| HMRC re VAT |  |  |
| Accountant’s Fees |  |  |
| Credit Card Monthly Payments (please specify cards held and numbers): |  |  |

|  |  |  |
| --- | --- | --- |
| Health Expenses |  |  |
| Chemist  Prescriptions |  |  |
| Holidays |  |  |
| Entertainments |  |  |
| Pension Fund payments: please list |  |  |
| Any other liabilities/expenses (please specify):  Dental  Optician  Hairdressing |  |  |

TOTAL =

**OTHER DEBTS AND LIABILITIES**

Please give full particulars of any other debts and liabilities (not mentioned above) which you or your husband, wife or permanent partner have.

**Supporting information:**

1. **Mortgage:**
   1. **Do you have a mortgage YES/NO (delete as appropriate).**
   2. **If yes, please provide a copy of your last mortgage statement.**
2. **Chambers expenses:**
   1. **If Chambers charge a percentage of receipts please state the percentage.**
   2. **If Chambers charge a fixed amount each month please state that monthly amount.**
3. **If you are a barrister remaining in practice at the Bar of England and Wales, please supply a copy of:** 
   1. **Your Professional Accounts for the last 3 years.**
   2. **A fees received summary for the last 12 months.**

**c. A current aged debt report from your Chambers.**

1. **Income tax - please provide:**
   1. **A copy of your last submitted income tax return form.**
   2. **A copy of any HMRC demands for payment of income tax.**
2. **VAT – please provide:**
   1. **A copy of your last submitted VAT return.**
   2. **A copy of any HMRC demands for payment of VAT.**
3. **Legal action: if you have received a statutory demand or bankruptcy petition please provide a copy.**

**DECLARATION**

I declare that to the best of my knowledge the information supplied above is correct and that I have disclosed all my resources.

I confirm that I have made application for all the DWP and/or Housing Benefits to which I believe that I am entitled.

I understand that any incorrect statement may be regarded as an endeavour to obtain help from the Association under false pretences.

I agree that any other Charity, Society or Institution to which I have indicated above that I am also applying (or have applied) may be approached to provide details of the application and that the DWP or any other Agency may be consulted in confidence on matters relevant to this application.

SIGNATURE OF APPLICANT .............................................................

DATE ................................................

FOR MONITORING PURPOSES-HOW DID YOU LEARN ABOUT THE BARRISTERS’ BENEVOLENT ASSOCIATION?

……………………………………………………………………………………………………

DO YOU OR HAVE YOU EVER LIVED IN THE GREATER LONDON AREA? ………………

PLEASE NOTE THAT ALL INFORMATION SUPPLIED IS TREATED AS HIGHLY CONFIDENTIAL

**Company Limited by Guarantee**

**Registered in England No. 5284271**

**Registered Charity No. 1106768 Registered Office as above**