

THE AID FUND for Christian Scientists In Need of Nursing Care

Address: PO Box 955, Richmond TW9 9HF
Email: theaidfund@gmail.com

Telephone: 07794 324787
www.csaidfund.org.uk

APPLICATION FOR ASSISTANCE

To: **The Trustees of The Aid Fund for Christian Scientists in Need of Nursing Care**

I wish to apply to The Aid Fund for assistance. I am in need of nursing care, am relying entirely on Christian Science for healing, and am unable to meet the full amount of the charges for Christian Science nursing.

The financial information given below is correct and complete to the best of my knowledge and belief.

Full Name

Full Home Address

Tel No

Email
(if any)

Signature

Date

Please answer the following questions:

Do your savings and investments including tax exempt savings and National Savings bonds etc. exceed £50,000?

Yes / No

For those in work: Is your income in excess of £60,000 p.a. before tax?

Yes / No

For Pensioners: Are you in receipt of a State pension?

Yes / No

Does your occupational pension, if any, exceed £20,000 p.a. before tax?

Yes / No

How much are you able to contribute to the cost of your Christian Science nursing care?

£

Note 1: If your income is above these levels and you still wish to apply for assistance, your claim should be supported by other details such as family numbers, mortgage commitments and any other information that you feel is relevant to your application.

Note 2: A Christian Science practitioner and a Christian Science nurse each listed in the Christian Science Journal must approve this application before it is sent to the secretary of The Aid Fund.

Personal Privacy Notice: Since 25th May 2018 the General Data Protection Regulation (GDPR) governs the holding of personal information. We have a Data Privacy Policy that sets out how we handle your data and explains your rights under the law. This is published on our website at www.csaidfund.org.uk, or is available on request. Please let us know if your contact details change.

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Details of family and financial circumstances of the applicant relevant to this application:

I am acquainted with _____ and I support this application.

I am a Journal-listed Christian Science practitioner

Christian Science Practitioner's Name

Address

Tel No

Email
(if any)

Signature

Date

/ /

I am a Journal-listed Christian Science nurse

Christian Science Nurse's Name

Address

Tel No

Email
(if any)

Signature

Date

/ /