

CONFIDENTIAL WHEN COMPLETED

ROYAL EDINBURGH REPOSITORY AND SELF AID SOCIETY (SCIO) Charity No SC006702

APPLICATION FORM

This Charity was founded in the late 19th Century to enable people of limited means to supplement their income through the sale of goods made by themselves. By doing this The Society can give a new focus to life for many people. Members of the Society sell their handmade items through The Treasure Trove, the Society's shop, which is situated in a prime location in Castle Street, Edinburgh.

Please will you give us the reasons for your application, including all the relevant details of your current needs, circumstances and any financial problems you have and generally why, by using your specific skills, you wish to help yourself by raising additional income through our charity.

SECTION 1: MAIN DETAILS OF APPLICANT			
Applicant's Title		Name	
Date of Birth		Occupation	
Status	Please specify: Single/Married/Separated/Divorced/Widowed/Partner		
Address		Postcode	
		Telephone Number	
Email Address			

SECTION 2: DEPENDANTS LIVING IN HOUSEHOLD			
Name:		Date of Birth	
		Relationship to Applicant	
Name:		Date of Birth	
		Relationship to Applicant	
Name:		Date of Birth	
		Relationship to Applicant	

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SECTION 3: HEALTH

PLEASE STATE BRIEFLY AND INCLUDE DETAILS OF ANY DISABILITIES

Applicant's Health	
Partner's / Spouse's Dependant(s)' Health	
Dependant(s)' Health	
Dependant(s)' Health	

SECTION 4: INCOME

Total net Household Income :	(please tick)	
	£0-£15k <input type="checkbox"/>	£16k - £26k <input type="checkbox"/> over £26k <input type="checkbox"/>
This Consists of Earned income		
Pension	State	
	Private	
Benefits and/or Allowances		
Tax Credits		
Any Other Income		

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SECTION 5: CRAFTSMANSHIP SKILLS

PLEASE TELL US WHAT KIND OF CRAFTSMANSHIP SKILLS YOU HAVE AND ABOUT THE PRODUCTS THAT YOU WOULD LIKE TO SELL THROUGH OUR SHOP

SECTION 6: REASON FOR APPLICATION

***'The Society's purpose is the relief of those in need by reason of age, ill-health, disability, financial hardship or other disadvantage.'* (Extract from Trust Constitution)**

TO ENABLE THE SOCIETY TO COMPLY WITH THE CHARITABLE REGULATORS, PLEASE INDICATE BELOW UNDER WHICH CATEGORY(IES) YOU ARE APPLYING TO BECOMING A WORKING MEMBER:

AGE	<input type="checkbox"/>	DISABILITY	<input type="checkbox"/>	OTHER DISADVANTAGE	<input type="checkbox"/>
ILL-HEALTH	<input type="checkbox"/>	FINANCIAL HARDSHIP	<input type="checkbox"/>		

PLEASE WILL YOU EXPAND ON YOUR REASON FOR YOUR APPLICATION, OUTLINING IN AS MUCH DETAIL AS POSSIBLE ALL THE RELEVANT INFORMATION ABOUT YOUR CURRENT NEEDS AND CIRCUMSTANCES. IN PARTICULAR YOU SHOULD TELL US ABOUT ANY FINANCIAL, FAMILY, HEALTH OR DISABILITY PROBLEMS THAT YOU HAVE, AND GENERALLY WHY YOU WISH TO HELP YOURSELF BY RAISING AN ADDITIONAL INCOME THROUGH OUR CHARITY.

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SECTION 7: AGREEMENT AND DECLARATION

- 1. I CONFIRM THAT ALL ITEMS THAT I SHALL OFFER FOR SALE WILL HAVE BEEN MADE BY MYSELF.**
- 2 I CONFIRM THAT I WILL NOT SELL MY GOODS THROUGH ANY COMMERCIAL OUTLET**
- 3. I AGREE TO ABIDE BY THE SOCIETY'S RULES**

I hereby declare that the information I have given is true and correct to the best of my knowledge and belief. I will keep the Society updated of any changes to my financial circumstances.

Signature of Applicant

Date

We would be interested to know how you heard of the Society. Please can you tell us below:

DATA PROTECTION ACT:

THE DETAILS DISCLOSED ON THIS FORM WILL BE HELD BY THE ROYAL EDINBURGH REPOSITORY AND SELF AID SOCIETY UNDER THE TERMS OF THE DATA PROTECTION ACT 1998.

IF YOU ARE ACCEPTED AS A MEMBER OF THE SOCIETY WE WILL REQUIRE YOU TO GIVE US YOUR BANK DETAILS AS ALL PAYMENTS TO MEMBERS ARE TRANSFERRED DIRECTLY INTO THE MEMBER'S BANK ACCOUNT.

THE ROYAL EDINBURGH REPOSITORY AND SELF AID SOCIETY (SCIO)
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