

## **APPLICATION FOR MENTAL HEALTH SUPPORT**

**PLEASE READ THE NOTES BELOW CAREFULLY BEFORE COMPLETING THE APPLICATION FORM.**

Your application can not be considered until we receive your completed form and all the required supporting information. The information you provide will be treated as confidential and in line with General Data Protection Regulation (GDPR).

Please provide as much detail as possible to help us fully understand your circumstances and enable us to recommend the most appropriate support option for you.

### **CAN WE HELP YOU?**

We will only consider applications from people who satisfy the following criteria:

- Must be in need and any assistance given must be beneficial to the individual
- Have worked for an NHS ambulance service or a CQC-registered independent/private ambulance service for at least 12 months (can be currently serving or retired)
- A UK resident who has worked within the UK, UK dependencies or Gibraltar. Apart from the dependencies and Gibraltar, support is not offered to overseas applicants or their dependents. Overseas work is not included within the minimum 12 months service requirement

We will also consider applications from:

- Spouses, widowed partners, dependent children and other dependents of a deceased ambulance staff member
- Volunteers working for a UK ambulance service. To be eligible for support, you must be a current volunteer and have volunteered with the organisation for at least three years

## **COMPLETING THE APPLICATION**

**UNLESS OTHERWISE INDICATED, PLEASE COMPLETE ALL THE SECTIONS.**

Please pay particular attention to the following sections and provide as much detail as possible:

### **Work history – section 3**

As we are a trade charity for the ambulance service, your application for assistance is based on your or your spouse/partner's work within the ambulance service.

### **Reason for application – section 6**

Please provide as much detail as possible about your circumstances and what help you are looking for. It would also be helpful if you could outline how support from TASC will improve your situation and what changes you have made already so that the situation does not occur again.

## **SUBMITTING YOUR APPLICATION FORM**

Please return your completed application form to:

Support Services  
TASC, The Ambulance Staff Charity  
12 Ensign Business Centre, Westwood Way  
Coventry, CV4 8JA

Alternatively, email your completed form to [support@theasc.org.uk](mailto:support@theasc.org.uk)

If you have any queries or require assistance to complete the form, please call the Support Services Team on 0800 1032 999.

## **WHAT HAPPENS NEXT?**

When an application is received it will be assessed in chronological order by our Support Services Team. If there are any problems with your application, a member of the team will contact you.

Once all the information has been gathered, a Grant Application Report will be prepared with recommendations for your support. The report will then be considered by TASC's Approval Panel who will make and authorise a decision. Once a decision has been approved, a member of our Support Services Team will be in touch with you about the outcome.



Are all the members of your household in good health?

Yes

No

If "No", please provide details below.

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## SECTION 3 - EMPLOYMENT

### CURRENT EMPLOYMENT DETAILS

	EMPLOYER	DATES FROM/TO	POSITION HELD
You			
Your partner			

### PREVIOUS EMPLOYMENT DETAILS

	EMPLOYER	DATES FROM/TO	POSITION HELD

Are you a member of a trade union?

Yes

No

If "yes", which trade union are you a member of?

What is your trade union membership number?


Did you cease work due to:

Retirement

Ill health

Other

## SECTION 4 - ACCOMMODATION

Home owner

Private tenant

Housing association

Local authority tenant

Sheltered accommodation

Residential/nursing home

If you're a homeowner:

- What is the approx. value of your property?
- What is your outstanding mortgage?
- How many years are left on your mortgage?


## SECTION 5 - ARMED FORCES SERVICE

Have you or your partner served in HM Forces?

Yes

No

If "Yes", what branch did you serve in?

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## SECTION 6 - REASON FOR APPLICATION

**THIS SECTION MUST BE COMPLETED.**

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## SECTION 7 - NEXT OF KIN

First name	
Surname	
Address	
Postcode	
Telephone	
Relationship	

I give permission for TASC to discuss my application with the person above.

Signature

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## HOW DID YOU HEAR ABOUT TASC?

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## OTHER AGENCIES

If you have received assistance from another agency with this application form, please provide their details below.

Agency name	
Case worker	
Telephone	

## GENERAL DATA PROTECTION REGULATION (GDPR)

How we treat and process your data with regards to your application for support is covered by GDPR (EU) 2016/17.

## DECLARATION

### THE PERSON APPLYING FOR SUPPORT MUST SIGN THIS FORM.

I agree that the details I have provided in the application form and supporting information may be held in the manual and computer files of TASC.

TASC may discuss your case with your GP, Social Worker or any other charity or body who may be helpful with your application. We will not contact or share your information, including your employer without your permission. I agree that the persons contacted may disclose information to TASC.

I declare the details in this application are a true and accurate statement of my circumstances.

<b>Signature</b>	
<b>Date</b>	

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