



Medical (monthly) £ Any other outgoings (monthly) £	support? Y/N
Do you own your house/flat? Yes/No <i>If Yes, please state approximate value</i>	Any other special needs? (E.g. repairs, replacement of household goods, etc.)
Have you made, or are you making an application to any other charity or organization? Yes/No  If Yes, please give details:	
<p>The Data Protection Act 2018 requires us to obtain your consent before we can process and maintain the personal data contained in this Application Form. Be assured, everything you tell us will be treated confidentially. We should be grateful if you would sign and date the declaration below:</p> <p><i>The information in this form and on any enclosures is correct to the best of my knowledge and belief. I hereby consent to the personal data contained therein being processed and maintained by the Royal Opera House Benevolent Fund for the purposes of administering any application for an allowance or grant from its charitable funds and/or for the Fund to contact other organisations that may be able to help me. I understand that the Royal Opera House Benevolent Fund will keep this data for as long as is necessary. Should the Fund wish to share this data with any other individuals, relevant bodies and/ or charities to help meet my needs, I give my consent.</i></p> <div style="display: flex; align-items: center; margin-top: 10px;"> <input style="width: 40px; height: 20px; margin-right: 10px;" type="checkbox"/> <p><i>Please put a cross here should you NOT wish the Fund to do this without express permission.</i></p> </div> <p>I have also read and understood the Charity's Privacy Statement and I consent to The Charity collecting and using my data for the purposes described.</p> <p><b>(Warning: should it be discovered that you have failed to make a full disclosure of all your income and capital, it could jeopardise a regular allowance, one-off grant or any assistance that the ROHBF may offer).</b></p>	
<p><b>Supporting Information required for your application:</b></p> <ul style="list-style-type: none"> <li>• Evidence of low or no income such as pay slips.</li> <li>• Employer's letters, P45</li> <li>• Up to date bank statements from all household accounts -covering the last 3 months.</li> <li>• Proof of benefits where applicable</li> <li>• Medical letters, etc.</li> </ul>	
Applicants name (block capitals):  Applicant signature:  Date:	For office use only  Notes:  Signed:

ROHBF Application Form March 2024