**SUBMITTED BY**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CIRCLE BENEVOLENT BOARD (CBB)**

**OR BY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DIRECTOR PROVINCE No.-** \_\_\_\_\_\_\_\_\_

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| **ABOUT THE APPLICANT** | NAME |  |
| ADDRESS |  |
| AGE |  |
| LENGTH OF MEMBERSHIP |  |
| IF A DEPENDENT OF A DECEASED BROTHER:  THE BROTHER’S NAME,  DATE OF DEATH,  OCCUPATION DURING LIFE,  RELATIONSHIP TO APPLICANT |  |
| APPLICANT’S OR DECEASED BROTHER’S LENGTH OF MEMBERSHIP AND OFFICES HELD |  |
| OCCUPATION |  |
| **ABOUT THE APPLICANT’S FAMILY** | NAME & AGE OF SPOUSE, IF ANY |  |
| NAMES & AGES OF DEPENDENT CHILDREN AND CURRENT PLACE OF EDUCATION |  |
| NUMBER OF ADULT OFFSPRING AND WHETHER MAKING ANY FINANCIAL CONTRIBUTION |  |
| **APPLICATION** | HAVE THERE BEEN ANY PREVIOUS APPLICATIONS ON BEHALF OF THE APPLICANT? |  |
| WHAT CIRCUMSTANCES AND EVENTS HAVE CAUSED THIS APPLICATION TO BE MADE? |  |
|  | ANY OTHER INFORMATION YOU CONSIDER RELEVANT TO THE APPLICATION (USE SEPARATE SHEET IF REQUIRED) |  |

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| **APPLICANT’S DECLARATION**  I have been given a copy of the Privacy Statement provided by the Trustees of the Catenian Association Benevolent & Children’s Fund and have read it. I understand that in allowing this application to proceed I will provide confidential and possibly sensitive information about myself and, if appropriate, about my family. I give consent for the Trustees to hold and process such information solely for the purposes stated in the Privacy Statement and in accordance with the stated Retention Policy.  SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Applicant’s spouse |

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| **SUBMISSION** | WHAT RECOMMENDATION DOES THE CIRCLE BENEVOLENT BOARD OR DIRECTOR MAKE AS TO HOW THE TRUSTEES MAY HELP THE APPLICANT – AMOUNT, WHETHER GRANT OR LOAN AND THE USE TO WHICH AN AWARD WOULD BE PUT. |  |
| CONTACT DETAILS OF CBB MEMBER WHO IS DEALING WITH THE APPLICATION:  NAME, ADDRESS, PHONE & EMAIL |  |
| SIGNATURE OR EMAIL OF 1ST CBB MEMBER OR DIRECTOR CONCURRING TO THE SUBMISSION |  |
| SIGNATURE OR EMAIL OF 2ND CBB MEMBER CONCURRING TO THE SUBMISSION |  |
| SIGNATURE OR EMAIL OF 3RD CBB MEMBER CONCURRING TO THE SUBMISSION |  |
| DATE OF SUBMISSION |  |

***If help is needed to complete the application form please refer to the Clerk to the Trustees, Brother Phil Roberts at*** [***phil@robertsreal.com***](mailto:phil@robertsreal.com) ***or phone 01257 462344 (from outside UK 00 44 1257 462344)***