

# **JAMES LAURIE**

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## **SENIOR ASSISTANCE FUND**

**Please note you must be of have been a professional member of the performing arts industry for a minimum of 10 years to apply.**

Applicants are required to be NSW residents, though exceptional circumstances may be considered. Other states have their own benevolent Funds or similar.

For more details visit [www.actorsbenevolentfund.org.au/page/15/other-funds](http://www.actorsbenevolentfund.org.au/page/15/other-funds)

## **REQUIRED DOCUMENTATION**

**Please have ready the following documents as pdfs before proceeding with the application**

### **1. SUPPORTING DOCUMENTS**

**(Please compile applicable docs to a single pdf)**

- Confirmation of current monthly income (payslip, Centrelink letter, etc.)
- A copy of your most recent bank statement
- Letters of support from any medical professional from whom you are currently receiving treatment
- Copies of bills or quotes pertaining to extraordinary expenses

### **2. IDENTIFICATION**

**(Please compile applicable docs to a single pdf)**

Proof of identity confirming your address (drivers licence, or utility bill)

### **3. PROFESSIONAL BIOGRAPHY OR CV**

**(Please compile applicable docs to a single pdf)**

Your biography demonstrating your professional experience

All information provided in this form is strictly confidential

If your supporting documentation is not attached to your application this may delay processing of your request

# APPLICATION

Required \*

First Name \*

Last Name \*

Email \*

Phone \*

Street \*

Suburb \*

Postcode \*

State \*

Country \*

Date of Birth \*

Usual Industry Occupation \*

Number of years of professional work \*

Agency or Representation (If applicable)

Support Person Name \*

Support Person Number \*

Support Person Email \*

I wish to apply assistance with \*

Please outline the reason you require assistance, including details of your present therapy regime and/or extraordinary expenses as applicable (300 words max) \*

**To help us process your request, we are required to ask you for the following:**

Your monthly SALARY or WAGE

Your monthly income from: PENSION

Your monthly income from: INVESTMENTS

Your monthly income from: BENEFITS

Your monthly income from: OTHER

**TOTAL MONTHLY INCOME \***

Value of your: Savings

Value of your: Property

Value of your: Car

Value of your: Other assets

**TOTAL ASSET VALUE \***

Your monthly expenses: Rent/Mortgage

Your monthly expenses: Rent/Mortgage

Your monthly expenses: Rent/Mortgage

Your monthly expenses: Utilities

Your monthly expenses: General Expenses

Your monthly expenses: Debt Repayments

Your monthly expenses: Other expenses

**TOTAL MONTHLY EXPENSES \***

Are you living with a PARTNER? \*

If YES do they contribute to household finances?

Do you have any DEPENDENTS? \*

If you answered yes to any of the above, please provide further details:

- I understand that the details in this application are confidential and will never be made public. The Actors Benevolent Fund of NSW on behalf of the Actors Benevolent Fund reserves the right to make discreet enquiries about the information provided. \*
  - I also understand that, should I be granted assistance, I will inform the Actors Benevolent Fund of any changes to my current circumstances which may affect my eligibility for assistance. I also undertake to provide the Fund with any updated information as may be requested from time to time. \*
  - In submitting this form I agree to abide by the terms and conditions of the grant/program \*
  - If you are in significant financial need, please tick here and we will contact you for a further confidential discussion.**
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Grant applications will be presented to the Actors Benevolent Fund of NSW's Management Committee at their monthly meetings, held on the final Monday of each month.

Due to the limitation of available funds and expected need, all support is given at the discretion of the management committee of ABFNSW.

\*Mental health support is offered in addition to the complimentary services accessible through NSW Health Plan. Please speak to your GP about how to access this plan before requesting assistance. We can assist if you need urgent support before the complimentary service becomes available. Please let us know the expected start date for treatment.

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**Once complete, please email your form along with your required documents to:**

**[info@actorsbenevolentfund.org.au](mailto:info@actorsbenevolentfund.org.au)**