

THE SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN

FORM W & 0 /A2 APPLICATION FOR FINANCIAL ASSISTANCE

For necessitous medical practitioners, being neither members nor dependants of Members of the Society

Details of Person(s) for whom assistance is requested

Family Surname:

Given Names.....

Date of Birth.....Nationality.....Current Marital Status.....

Qualifications (degrees & diplomas).....

Medical School.....

GMC Registration Number.....

Speciality of medical practice.....

Any dependent children...Yes/No

Names	Ages

Any other dependants?...Yes/No

Names	Ages

Address for Mail.....

.....

.....

Telephone...day.....evening.....

Mobile.....Fax.....

e-mail address.....

Please add any further information which you believe might be helpful