

THE SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN

FORM W & 0 /A3 APPLICATION FOR FINANCIAL ASSISTANCE

For necessitous dependants of medical practitioners, not being members of the Society (whether or not deceased)

Details of medical practitioner(s) upon whom the applicant is or was dependent

Name.....

Address.....

Place of birth.....Date of birth.....

For how long has he/she been resident in the British Isles?.....

Qualifications.....GMC Registration number.....

Medical speciality.....Current appointment.....

If deceased, date of death.....

If deceased, last appointment.....

If alive, reason why financial assistance cannot be provided.....

Relationship to the current applicant for assistance.....

Details of Person(s) for whom assistance is requested

Family Surname:Given Names.....

Date of Birth.....Place of Birth.....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