

**SCOTTISH BUILDING FEDERATION  
EDINBURGH AND DISTRICT  
CHARITABLE TRUST**

**Scottish Charity Number: SCO 29604**

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The Trust provides financial support to persons in reduced circumstances who have been involved with the building trade in the Lothians, or their widows, widowers, children or other dependant relatives.

**Application Form**

FULL NAME .....

FULL ADDRESS .....

.....

POST CODE .....

HOW LONG RESIDENT AT THIS ADDRESS .....

TELEPHONE NUMBER .....

EMAIL (if available) .....

**To be returned to:**

**SCOTT-MONCRIEFF**

**EXCHANGE PLACE 3**

**SEMPLE STREET**

**EDINBURGH EH3 8BL**

**Telephone No: (0131) 473-3500**

**[www.scott-moncrieff.com](http://www.scott-moncrieff.com)**





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PLEASE USE **BLACK BALLPOINT**

QUESTIONS	ANSWERS
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**8. HEALTH QUESTIONS**

What is the Diagnosis (name) of your illness/disability?		
When did your illness/disability start?		
Because of your illness(es)/disability(ies) have you had to:  (a) See a specialist in hospital?  (b) Been admitted to hospital?  (c) Have an operation?  (d) What is your current state of health?	Yes/No (delete as appropriate)  Yes/No  Yes/No	Date(s)  Date(s)  Date(s)
How does your illness/disability affect your daily life?		
What is the name and address of your doctor    Telephone number		

**THIS SECTION MUST BE COMPLETED**

**9. DECLARATION**

<p><b>I confirm that the information given above is correct to the best of my knowledge and I agree that the Trust may make such enquiries as are necessary. I understand that the information on this form will be used to assist the Trust in proceeding with this application and I hereby give consent to its use for that purpose. In particular, I authorise my doctor(s) to give such information in support of this application as may be requested by the Trust.</b></p>	
Signature of Applicant .....	Date .....