



The French Hospital Resident Application Form B

I understand that by completing and submitting this application form to the French Hospital I give my consent to the French Hospital to hold the details stated on it on record for the duration of my stay. I further consent to those details being passed to the Huguenot Library when I leave the French Hospital, those details then being held within the archives of the French Hospital to be used for historical purposes only, and in accordance with the provisions of the Data Protection Act 1998.

Note: If you are a friend or relative who is going to share a flat with the main applicant please complete this form. If any details are duplicated please write *as applicant*.

Personal Details

Title (Mr./Mrs./Miss/Other):

Surname:

Christian Names:

Place of Birth:

Date of Birth:

Serial No of Birth Certificate:

Religion:

Address:

Post Code:

Telephone Nos:

E-Mail:

Nat Ins No:

State whether you are married, widowed or divorced:

Present or Former Occupation or Profession:

State your present state of health:

Outline Details of your French Protestant/Huguenot Descent or Connections by Marriage

Outline the circumstances that give rise to your charitable need:

Additional information that might support your application:

Your Doctor's Details

Name and Initials:

Address:

Post Code:

Tel No:

Next of Kin

(Other than any relative who will share your flat)

Title: Mr/Mrs/Miss/Other:

Name (and Initials):

Address:

Post Code:

Tel Nos.

Statement of Income and Savings

Retirement Pension (give monthly amount and source/s):

Total Amount of Savings and/or other Capital Investments:

Yearly Income from Investments:

Amount of Annuity and from what source:

Details of any Property owned and of any Income from it:

Is property mortgaged?:

Monthly income from any current job or career:

Statement of Present Expenses

Approximate Total of Regular Monthly Expenditure:

I hereby certify that the above details are correct.

Signed: _____ Date: _____