

Student Health Scheme Application Form



This section to be completed by the applicant:

Forename

Surname

Date of birth

Age

Address (term time)

Telephone (mobile)

Postcode

Email

Nationality

Date of arrival in UK

(except British/Irish applicants)

Course title

Instrument

Institution

Length of course

Current year of study

Please confirm that this course is full-time by ticking here

Yes

No

I have made an online donation to help the Musicians Benevolent Fund continue with its vital work

This section to be completed by a member of staff:

You must ask the named scheme contact (see helpmusicians.org.uk/studenthealth) or your Head of Department to confirm that the above information is correct by signing and stamping here:

Name

Position

Signature

Date

College Stamp

Once you have completed the sections above, **please contact BAPAM on 0845 602 0235** to arrange an assessment appointment at your nearest clinic. If you have any queries regarding your application, please refer to helpmusicians.org.uk or contact the Care and Welfare Team on 020 7239 9103.

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This section to be completed by the BAPAM consultant: (please print)

Please describe the nature of the problem and when symptoms first affected performance.

Nature of problem

Recommended treatment

Name (please print)

Signature

Additional applicant information – how did you hear about the scheme?

Word of mouth

Online search

Saw a leaflet

From my course tutor

Fund newsletter

Other-please state

Applicant Declaration

I hereby declare that all questions contained in this form have been fully and truthfully answered to the best of my ability.

Signed

Date

Please return this form to: studenthealth@helpmusicians.org.uk or **Care and Welfare Team, Musicians Benevolent Fund, 7-11 Britannia Street, London WC1X 9JS**. If we are able to help you, we will offer you a grant of up to £250 for treatment costs. Your authorised practitioner will need to send their invoices to us for payment. All payments are made direct to the practitioner. If it is necessary for you to receive further treatment, we will need your practitioner to contact us with confirmation and we will consider an additional grant of up to £250 for further treatment.

NOTICE: Data Protection Act 1998

The Fund will use all of your information to help us determine your eligibility for assistance. You consent to our processing this data where this is necessary to determine need. By providing this information you are giving explicit consent to its use for this purpose.

