



REQUEST FOR ASSISTANCE FORM

All information on this form will be treated with the strictest confidence in accordance with IABS protocols.

This section will be completed by IABS

CASE NO.

DATE OF FIRST CONTACT WITH IABS IABS CASE WORKER(S)

APPLICANT'S DETAILS

Name Date of birth

Address

.....

Phone number Email

EMPLOYMENT INFORMATION

Please complete this section as comprehensively as you can. Circle the option(s) that most closely describe you.

Are you currently-

1. Full-time employee
2. Part-time employee
3. Self-employed full-time
4. Self-employed part-time
5. Unemployed
6. Temporarily out of work

Job title (current or previous)

Duration of current or most recent employment

If unemployed, since when?

If you work part-time, how many hours per week?

Company name and address *(if not currently working, state your most recent place of work)*

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FINANCIAL INFORMATION:

Do you live –
(Please circle the relevant answers)

- 1. Alone
- 2. With spouse / partner
- 3. With children (if so, how many)
- 4. House / apartment share
- 5. With parents
- 6. Other (please state):

WHAT IS YOUR MONTHLY NETT INCOME?

WHAT ARE YOUR CURRENT MONTHLY OUTGOINGS: (We have listed some headings below, but please add others if relevant.)

- 1. Rent
- 2. Mortgage
- 3. Food
- 4. Transport / Car
- 5. Utilities (electricity / heat / waste collection, etc.)
- 6. Childcare
- 7. Pension / insurance
- 8. Medical / prescription bills
- 9. Clothing
- 10. Entertainment
- 11. Other (please state)
- 12. Other (please state)

How many dependents do you have?

Do you have any other source of income, for example social welfare payment, investments? If so, please give details:
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Who else in your household is earning an income (please state net monthly amount)?
.....

GENERAL INFORMATION

(This will help us decide how best to assist you.)

In your own words, tell us why you are seeking assistance and how you think IABS may be able to help:

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.....
.....

THE IRISH ARCHITECTS BENEVOLENT SOCIETY WAS ESTABLISHED TO ASSIST THOSE IN THE ARCHITECTURAL COMMUNITY WHO EXPERIENCE CRISIS. BY ANSWERING THE QUESTIONS BELOW YOU WILL HELP US ENSURE THAT WE REACH THOSE WHO NEED US.

Your answers to these questions do not in any way affect your eligibility for support.

WHERE DID YOU HEAR ABOUT THE IABS? *(Please circle any answer below that applies to you)*

- 1. RIAI website
- 2. RIAI E-Bulletin
- 3. IABS Appeal at the RIAI Annual Conference
- 4. IABS Fundraising Event – (e.g., Benevolent Breakfast, Tennis Tournament or Art Raffle)
- 5. A colleague
- 6. I know one of the IABS committee members
- 7. Other *(please state)*

IABS MEMBERSHIP IS ONE OF OUR KEY SOURCES OF INCOME. ALL THOSE WHO MAKE AN ANNUAL SUBSCRIPTION TO THE IABS BECOME MEMBERS. *(Please circle any statement below that applies to you)*

- 1. I subscribe annually to the IABS when renewing my RIAI registration fee.
- 2. I have occasionally subscribed to the IABS when renewing my RIAI registration fee.
- 3. I am an RIAI member but was not aware of the IABS annual subscription
- 4. I am not an RIAI member and was not aware of the IABS annual subscription
- 5. Other *(please state)*

TO THE BEST OF YOUR KNOWLEDGE WHAT TYPE OF ASSISTANCE SHOULD THE IABS PROVIDE?

- 1. Financial support
- 2. Financial and budgeting advice
- 3. Pension and insurance advice
- 4. Advice on social welfare support
- 5. Moral support in times of personal difficulty
- 6. Mental health support
- 7. Other*(please state)*