



Oakhill and TP O'Connor Fund

Application form

The objects of the Oak Hill and T P O'Connor Fund are to assist financially journalists, whether Members of the Institute or not, who are recuperating after illness and to pay towards medical treatment, and to assist with the maintenance of sick and aged journalists in poor and necessitous circumstances.

Please note the following rules apply to Institute Charities:

No claim on provident or other benefits may be made by a member (in any class) in respect of a condition (medical or otherwise) pre-existing at the time of that member joining the Institute, unless and until that member's continuous duration of membership exceeds five years.

No provident or other benefit of any nature to any individual Member or person shall exceed £3000 by way of gross sum or £1000 by way of annuity.

Please return your completed form to:

Private and confidential
Chartered Institute of Journalists
OAKHILL & T P O'CONNOR FUND
2 Dock Offices
Surrey Quays Road
London
SE16 2XU

Tel: +44 (0)20 7252 1187
Fax: +44 (0)20 7232 2302

www.cioj.co.uk
e-mail: charities@cioj.co.uk

Serving and protecting the interests of journalists
and their profession for more than 100 years

PLEASE BE ASSURED THAT ALL INFORMATION GIVEN WILL BE TREATED AS CONFIDENTIAL

Full Name (Block Capitals)

Address

Tel. No:

E-mail:

To be completed by applicants who are members of the Institute:

Date of joining Institute

Division/Region

Membership Number

AGE

MARRIED/SINGLE/WIDOW/WIDOWER/RETIRED

NAME OF EMPLOYER (if appropriate)

FINANCIAL POSITION AND REASONS FOR APPLYING

WHETHER FINANCIAL HELP HAS BEEN RECEIVED FROM THE FUND IN THE PAST(if so give details)

WHETHER APPLICATION HAS BEEN MADE TO ANY OTHER ORGANISATION IN THE PRESENT CIRCUMSTANCES(if so please give details)

WHETHER FINANCIAL HELP HAS BEEN RECEIVED IN THE PAST FROM ANY ORGANISATION(if so please give details)

I DECLARE THAT THE STATEMENTS AND INFORMATION CONTAINED ABOVE ARE CORRECT

DATE

SIGNATURE

IMPORTANT - Please complete relevant sections overleaf...

MEDICAL CERTIFICATE - to be signed by applicant's usual doctor

I HEREBY DECLARE THAT:
HAS BEEN SUFFERING FROM:
further observations may be made here:

Signed _____ Date _____

Practice Stamp

TO BE COMPLETED BY APPLICANTS WHO ARE NOT INSTITUTE MEMBERS:

Date of entry into profession, positions held and organisation:

DECLARATION - to be signed by two members of a recognised journalists organisation, at least one of whom must be a member of the Institute;

We declare from personal knowledge of him/her that the applicant is a bona-fide professional journalist and that, to the best of our knowledge and belief, the information given by him/her is correct in every aspect.

Signed
Address

Date

Signed
Address

Date

Note:
Every application must be made in the prescribed form, through the Hon. Secretary of the Institute's Region/Division to which the applicant belongs, and forwarded to the General Secretary of the Institute, who will bring the case to the attention of the Oak Hill and T P O'Connor Committee or the Committee authorised to deal with cases between meetings.

RECOMMENDATION - to be completed by the committee only

This application has been considered by the committee and is recommended.

Date _____20_____ Signed _____ (Chairman)