

Request for support

Before filling out this form, please make sure that you or a trusted person contacts us:

Noah Name & Leo LaRoche Phone: +49341– 98995566 Whatsapp: +43 67764501557 Email: notfallfonds@besd-ev.de

We will be happy to call you back.

We speak German, English, Spanish, Italian, Arabic and French. For other languages please send us an email.

PERSONAL INFORMATION

First Name Last	
Name:	
(alias are acceptable)	
City/State:	
Year of Birth:	
Work Sector: (street, brothel, club etc.)	
Contact:	
Emergency support	
needed for:(e.g.	
food, running	
expenses, housing,	
medical care etc.)	
Do you receive any	
state assistance /	
are you eligible for	
any state	
assistance?	

Optional Indications

Housing (permanent residence or not)?	
Dependent Family Members or similar?	
Health insured?	

Total Amount requested in €: _____

Bank details (applicant, consulting office or third party):

Account holder:																				
IBAN: (Please check if 22 characters for German account).																				
Reason for Payment: (to be completed by the BesD)	Spende Notfallfonds BesD e.V Referenz:																			

Amount transferred:

(to be completed by the BesD)

Guidelines for emergency support

- The BesD awards emergency financial assistance to sex workers in existential emergency situations after prior assessment in collaboration with a consulting office.
- This emergency assistance is targeted exclusively to sex workers who are unable to access government assistance funds and loans.
- There is no legal entitlement to emergency assistance.
- Emergency assistance is awarded subordinately to state benefits. Any claims towards statutory cost bearers (e.g. job center, social welfare office, health insurance) must be asserted at the appropriate offices before submitting an application to BesD.
- The application approval is made in written form and contains information about the amount of the support.

Consents/Approvals

- I / We consent in accordance with Article 6(1a) and Article 9(2a) of the DSGVO to the processing of my / our personal data (including special data in accordance with Article 9 DSGVO) by the Berufsverband erotische und sexuelle Dienstleistungen e.V.. This consent refers to the mandatory data that are essential for the processing and decision of the application. Without this consent, the application cannot be processed.
- 2. I approve / We approve the **above-mentioned guidelines**. Without this consent, the application cannot be processed.
- 3. I certify that all information provided is true and correct to the best of my knowledge and belief.

Place and Date of Issue

Signatures of the applicant and/or their representative