

Application form for assistance



PLEASE RETURN COMPLETED FORM TO BDCI,
105 ST PETER'S STREET, ST ALBANS, HERTS. AL1 3EJ

GUIDANCE NOTES TO THOSE APPLYING

1. The Charity's rules provide that assistance may be given only to those persons, or their widows or dependant children, who are or have been connected with the Meat Trade within Great Britain and Northern Ireland.
2. The Committee will give preference to those applications providing details of Meat Trade connections, verified in writing by existing meat traders or by production of other documentation.
3. If this form is being completed on behalf of an applicant, would you please give as much information as possible and explain in a covering letter your connection with applicant. Please answer all questions.

A. APPLICANT'S DETAILS

FULL NAME (Mr/Mrs/Miss/Ms) _____ DATE OF BIRTH _____

ADDRESS _____ TELEPHONE _____

POSTCODE _____

PLEASE TICK WHETHER

MARRIED SINGLE WIDOWED DIVORCED

Details of other person(s) residing with applicant:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

B. CONNECTION WITH MEAT TRADE

Please provide details of the applicant's connection to the meat industry.

If connection is based upon another's employment, please state your relationship (eg. Spouse, Parent)

Name of meat trade company

Name of meat trade company

Address

Address

Dates Worked

Dates Worked

Job title and duties performed

Job title and duties performed

PLEASE CONTINUE ON A SEPARATE PIECE OF PAPER IF NECESSARY

DID THE APPLICANT (or the person on whose connection the application is based)

HAVE HIS/HER OWN BUSINESS? YES / NO

BDCI 105 St Peters Street St Albans Herts AL1 3EJ

T 01727 896094 F 01727 896026 E info@bdci.uk.com www.bdci.uk.com

Registered Charity No. 296990 Founded 1828



If yes, state:

- a) Trading Name _____
- b) Business address _____
- c) Dates of operation of the business _____
- d) Names of meat trade firms with which you dealt _____

C. OTHER NON-MEAT TRADE EMPLOYMENT

APPLICANTS'S (Former/present) EMPLOYMENT (state none if applicable)

JOB TITLE/DUTIES _____ COMPANY _____ DATES _____
 JOB TITLE/DUTIES _____ COMPANY _____ DATES _____

PARTNER'S (Former/present) EMPLOYMENT (state none if applicable)

JOB TITLE/DUTIES _____ COMPANY _____ DATES _____
 JOB TITLE/DUTIES _____ COMPANY _____ DATES _____

IF THE APPLICABLE (OR PARTNER ETC) HAS NOT WORKED FOR LONG PERIODS OF TIME PLEASE STATE REASON (E.G. BRINGING UP CHILDREN, ILLNESS) AND DATES

D. DOES THE APPLICANT HAVE ANY CHILDREN YES / NO

NAME	AGE	EMPLOYMENT	DO THEY PROVIDE HELP TO APPLICANT?
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

E. CAPITAL, PROPERTY, SAVINGS, DEBTS

Please provide details of your finances

SAVINGS £ _____ INVESTMENTS £ _____ (CURRENT VALUE) BANK CURRENT ACCOUNT £ _____

Housing Type (please tick)

- Council House / Flat Housing Association Privately Rented Sheltered Housing Nursing Home
- Own Home

If Own Home

OUTSTANDING MORTGAGE £ _____ APPROXIMATE VALUE IF KNOWN £ _____

PLEASE GIVE BRIEF DESCRIPTION OF THE HOME INCLUDING ITS CONDITION

HAVE YOU CONSIDERED AN EQUITY RELEASE SCHEME ON YOUR PROPERTY? YES / NO

DOES THE APPLICANT HAVE ANY OTHER DEBTS (E.G. OVERDRAFT, CATALOGUES, CARDS)? YES / NO

LENDER'S NAME	AMOUNT OWED	REASON FOR DEBT
_____	_____	_____
_____	_____	_____

F. INCOME

(DO NOT COMPLETE THIS SECTION IF THESE DETAILS HAVE ALREADY BEEN PROVIDED ON A SSAFA / ROYAL BRITISH LEGION, FORM A 2001, OR SIMILAR APPLICATION FORM)

I. How much does the applicant receive from?

	APPLICANT	PARTNER
Employment / Working	£ _____ Weekly	£ _____ Weekly
State Retirement Pension	£ _____ Weekly	£ _____ Weekly
Income Support	£ _____ Weekly	£ _____ Weekly
Occupational (Work) Pension	£ _____ Weekly	£ _____ Weekly
Widow's Benefit	£ _____ Weekly	£ _____ Weekly
Incapacity / Invalidity Benefit	£ _____ Weekly	£ _____ Weekly
Severe Disablement Allowance	£ _____ Weekly	£ _____ Weekly
Attendance Allowance	£ _____ Weekly	£ _____ Weekly
Invalid Care Allowance	£ _____ Weekly	£ _____ Weekly
Mobility Allowance (for car)	£ _____ Weekly	£ _____ Weekly
Disability Living Allowance	£ _____ Weekly	£ _____ Weekly
Child Benefit – Family Credit	£ _____ Weekly	£ _____ Weekly
Income from savings & investments	£ _____ Weekly	£ _____ Weekly
Any other income (e.g War pension or other Charities)	£ _____ Weekly	£ _____ Weekly
Total Income	£ _____ Weekly	£ _____ Weekly

G. WEEKLY EXPENDITURE

(DO NOT COMPLETE THIS SECTION IF THESE DETAILS HAVE ALREADY BEEN PROVIDED ON A SSAFA / ROYAL BRITISH LEGION, FORM A 2001, OR SIMILAR APPLICATION FORM)

Actual Rent / Mortgage (after Housing Benefit)	£ _____ Weekly
Council Tax (after all discounts)	£ _____ Weekly
Gas/Electric/Coal/Water etc	£ _____ Weekly
Care Costs	£ _____ Weekly (please give details below)
Television rental / Licence	£ _____ Weekly
Telephone	£ _____ Weekly
Insurances	£ _____ Weekly
Food	£ _____ Weekly
Debt repayments (not mortgage)	£ _____ Weekly
Car / Petrol	£ _____ Weekly (is this your car? YES/NO)
Other 1 _____	£ _____ Weekly
Other 2 _____	£ _____ Weekly
Other 3 _____	£ _____ Weekly
TOTAL	£ _____ Weekly

FULL DETAILS OF CARE COSTS _____



I. ASSISTANCE SOUGHT PLEASE COMPLETE EITHER 1 OR 2

1. FINANCIAL ASSISTANCE

Give details of the specific need (for example: general living expenses, pension, medical equipment, house repairs, etc.)

If seeking a grant for a particular item(s), state cost £ _____

And state amount sought from this charity £ _____

2. NURSING OR RESIDENTIAL HOME FEE TOP-UP

Give following details

Address of Home

Fees per week £ _____ How is this cost being met? per week by:

Local Authority or State £ _____

Other bodies £ _____

Own resources £ _____

Other family members £ _____

LEAVING A BALANCE OF £ _____

J. OTHER SOURCES OF HELP

It is important that you tell us about other charities you have approached

a) **Previous assistance** please state whether you have received help from this charity in this past

(date and amount) _____

b) Please tick whether you are also applying for help from the following food industry charities:

- | | |
|---|--|
| <input type="checkbox"/> CARAVAN (formerly National Grocers' Ben. Fund) | <input type="checkbox"/> RETAIL TRUST (formerly Cottage Homes) |
| <input type="checkbox"/> FISHMONGERS' AND POULTERERS' INSTITUTION | <input type="checkbox"/> PROVISION TRADES BENEVOLENT INSTITUTION |
| <input type="checkbox"/> BAKERS' BENEVOLENT FUND | OTHER (PLEASE STATE) |

c) Please give the name of all other charities you are seeking help from and state what the outcome has been or whether you are awaiting a reply:

NAME	DATE APPLIED	OUTCOME (grant or awaiting)
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d) If you have been paid a visit by a caseworker from another charity, please give details:

Caseworker's Charity

Date of Visit

K. YOUR AGREEMENT

I hereby declare that all questions contained in this application have been fully and truthfully answered to the best of my ability and that I undertake to inform you of any changes in my circumstances that might affect any decision to grant me assistance.

APPLICANT'S SIGNATURE _____ **DATE** _____
(OR PARTNER)

IF YOU ARE A CASEWORKER, SOCIAL WORKER, ETC WHO IS COMPLETING THE FORM OR SIGNING ON SOMEONE'S BEHALF, PLEASE SIGN BELOW

CASEWORKER'S SIGNATURE _____ **DATE** _____

Data Protection Act 1998 – By signing this form, you consent to the processing by this Charity of any personal data relating to you, gathering for the purpose of the Charity, and consent to the charity approaching third parties to gather further information on your behalf.

L. WHAT HAPPENS NEXT?

All applications are considered at the next Committee Meeting which is normally held every two months. To guarantee inclusion at that meeting, please ensure your form is received at least 14 days before the next meeting. After the meeting, you should receive a letter within 10 days outlining our decision.

Before you return this form please remember to attach verification (if possible) of Trade connection.

Examples of proof of meat industry connection could include letters of employment, payslips, bill-heads, press cuttings and photographs. Any that are sent will be returned to you.

Please return the form with a covering letter to **BDCI**, 105 St Peter's Street, St Albans, Herts AL1 3EJ.

If you have any difficulties completing this form please telephone 01727 896 094.

THE BUTCHERS' AND DROVERS' CHARITABLE INSTITUTION IS A REGISTERED CHARITY NO: 296990