



Making your retirement work for you.

**Benevolent Fund**  
**(Registered Charity No. 287936)**  
**Application for a Grant from the Fund**

The Benevolent Fund is a subsidiary of the National Health Service Retirement Fellowship, a registered Charity, and is administered by the Benevolent Fund Committee appointed by the Board of Trustees.

The aim of the Benevolent Fund is to provide NHSRF members relief at times of great need, hardship, or distress through the award of a financial grant. Grants are made to any member of the National Health Service Retirement Fellowship of more than 12 months.

The Committee consider each case based on need and hardship as seen from this application form. The maximum grant is currently £800 and is set by Trustees.

Grants can be used for many reasons. The Committee will consider all applications. Past examples include replacement of home items, support with the purchase of specialist equipment for individual needs, home changes for health or well-being improvements, and help with specific one-off costs. Consideration could be given to assist towards the cost of short stay convalescence after an illness.

Grants are **not** considered, normally, for general Home Building Improvements, Regular Grants or Annuities, debts repayments, Long Term Private Health Care, Residential Nursing Care or Legal Liabilities. Retrospective applications will not normally be considered

In the case of an application for the purchase of Specialised Aids or Equipment, supporting evidence from a recognised Health Practitioner such as a GP, Occupational Therapist, Physiotherapist or Optician will be required to confirm needs. This helps ensure that the Benevolent Fund is being applied correctly.

It is important that as much information as possible is given on this application form. If necessary, please continue additional paper. It is also important to provide estimates and quotes from companies with a covering letter giving contact details. Grants are normally paid to these companies and receipts must be returned to the Benevolent Fund Administrator at the address below. If an award is granted direct to the applicant, copies of all receipts must be sent to the NHSRF Benevolent Fund Administrator.

When completed please return this form marked **CONFIDENTIAL** on the envelope to the following address:

**NHS Retirement Fellowship Benevolent Fund**  
**Central Office**  
**Weymouth Community Hospital**  
**Melcombe Avenue**  
**Weymouth**  
**DT4 7TB**

If you have any questions regarding the completion of this form please contact Benevolent Fund Administrator [Email: sherry.smith2@nhs.net](mailto:sherry.smith2@nhs.net) Tel No: 01305 361317

**PLEASE USE BLOCK CAPITALS AND COMPLETE USING A BLACK PEN**

**Please mark with a circle where appropriate**

**1. PERSONAL DETAILS**

<b>Title</b>					
<b>Surname</b>					
<b>First Name</b>					
<b>Initials</b>					
<b>Address</b>					
<b>Postal Code</b>					
<b>Home Tel. No.</b>					
<b>Mobile No.</b>					
<b>Email Address</b>					
<b>Type of Residence</b>	<b>Owner</b>	<b>Rented</b>	<b>Sheltered Housing</b>	<b>Shared Residence</b>	<b>Living with relatives</b>

<b>Date of Birth</b>	
<b>Date Joined NHSRF</b>	
<b>NHSRF Membership No.</b>	
<b>Branch Details</b>	

## 2. CLAIM DETAILS

What is the Claim for??	
How much is being claimed?	
<p>Please tell us why you want to claim? Please tell us what happens if claim is not successful? Please tell us if you are also seeking support for this claim from other charities?</p>	

### 3. Your Money Position

<u>INCOME per Month</u>		<u>Outgoings per Month</u>	
<b>PENSIONS</b>			
Retirement pension	£	Mortgage/Rent	£
NHS Pension	£	Council Tax	£
Other Pensions	£	Heating, light and Water	£
		Telephone/Mobile Phones	£
<b>BENEFITS</b>		Buildings and Contents Insurance	£
Incapacity	£	Other insurance	£
Disability Allowance	£	Car Insurance	£
Attendance Allowance	£	Car Maintenance	£
Housing Benefit	£	Petrol/Diesel for car	£
Mobility Allowance	£	Taxis/Bus/Train fares	£
Sickness Allowance	£	Entertainment (TV etc)	£
		Groceries	£
<b>OTHER INCOME</b>		Other Home Costs	£
(Please specify)			
	£	Home Care Worker	£
	£	Savings	£
	£	Loan/Debt repayments	£
		Other Regular Spending	£
<b>TOTAL INCOME</b>	£	<b>TOTAL OUTGOINGS</b>	£
<b>Summary of your Money</b>			
<b>TOTAL INCOME</b> (from green shaded box above)		£	
<b>LESS</b>			
<b>TOTAL OUTGOINGS</b> (from red shaded box above)		£	
<b>Money left each month C-D</b>		£	
<b>Other Money Matters</b>			
<b>Savings</b>		£	
<b>Loans/ debts</b>		£	

#### 4. Checklist

Before you sign the application, please add any further comments you may wish to add in the box below and complete the checklist.

Further Comments

Item	Please Tick	
• Have you completed all required questions above?		
• Supporting Documents enclosed		
• Quotations for work / equipment		
• Have you applied to any other fund?	Yes	No
• Do you wish advice on other sources of grants which may be available?	Yes	No
• Do you think the Money left each month is a fair statement	Yes	No
• Correspondence to be sent to the Applicant	Yes	No
• Applicant requests correspondence to be sent to the Assistant	Yes	No
• <b>Are you content to share this information within the NHSRF to process claim</b>	Yes	No

## 5. SIGNATURE

I confirm the information is correct at the time of application and has been completed by the applicant. In the case where assistance has been given to the applicant in order to complete this application please indicate your name and relationship to the applicant.

Applicant's signature:	Please print name in Block Capitals	Date:
Signature of person completing this form, if not the Applicant	Name, Address and Relationship to Applicant (Block Capitals) Name: Address:  Relationship To Applicant:	Date:

For Office use:

1. Application Number			
2. Date Application received			
3. Date sent to Committee Members			
4. Date reply from Committee			
5. Decision of the Committee	Clarification	Award Grant	Reject
6. Nature of Clarification			
7. Dates receipts returned to Central Office/ Filed			
8. Date Case Closed			

### Notes on completing the Application Form

#### General.

This form when completed is the basis on which the Benevolent Committee consider the awarding of a grant. We rely on the integrity and honesty of applicants completing the form. Therefore you should answer all questions to the best of your ability. We do not generally seek any other confirmation of your responses.

#### 1 Personal Detail

This is the general information about you, your contact details and details on membership of the NHSRF. Applicants have to be members for more than 12 months to be considered for a grant. If you do not have your membership number your local branch or Central Office can assist. We ask for details of home ownership to give a full picture of your current circumstances.

#### 2 Claim Detail

This section allows you to state what the claim is for and how much you are seeking. In the main box we ask that you provide a summary of the circumstances behind the application, what happens if claim is not successful and if you are also seeking support for this claim from other charities? We often work with other charities to assist with larger claims. Please continue on a separate sheet if required.

#### 3 Your Money Position

This section is vital as it helps to inform how your money is being used and to understand the background to the claim. Generally we do not ask for further evidence of your money position and rely on the information you provide.

In summary we are looking to see what income you and your partner have and how you use that money. We do accept that we all need some savings at a reasonable level and these will not form part of our assessment.

Whilst we cannot assist with debt repayments, it helps to get the overall picture of your money position if you provide a summary of loans/debts.

The detailed lines in this section are there as general guide to help you consider and income and outgoings. The form asks for monthly costs. If it easier for you to provide weekly costs please make it clear on the form.

When you get to the money left each month we would ask that you just consider if this is the true position and 'feels' right!!

#### 4 Signature

This is the section that just asks you to check over the application form to make sure it is complete before you sign. Importantly it also asks if you are content to share the information on the form with the Central Office and members of the Benevolent Fund Committee