

1. About the former employee

Title	First Name	Surname			
Address					
Postcode					
Home telephone number <i>(include dial code)</i>				Mobile number	
Email address					
NI Number					
Date of Birth <i>dd mm yyyy</i>					
Dates of Employment	From				To
	<i>You may need to provide evidence of this if your employment record is not held on our database</i>				
Place/Department	<i>Where did you last work?</i>				

2. Who is the request for?

Please tick relevant box and include all documents requested as evidence (see guidance notes).

Former Employee	<input type="checkbox"/>	Spouse or Partner <i>Provide marriage certificate, and proof of co-habitation</i>	<input type="checkbox"/>	Dependent child <i>(under 18 or in full-time education if over 18)</i> <i>Provide long form birth certificate</i>	<input type="checkbox"/>
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2.1 About you the applicant *(if not the former employee)*

Title	First Name	Surname			
Address <i>(if different the former employee)</i>					
Postcode					
Home telephone number <i>(include dial code)</i>				Mobile number	
Email address					
NI Number					
Date of Birth <i>dd mm yyyy</i>					

4. Fertility Treatment

Do you have any children already?	Yes	No	If Yes, how many?		Are these children from your current relationship?	Yes	No
Have you accessed any NHS fertility treatment?	Yes	No					
If Yes, when?			How many cycles have been given?				
Reasons given for treatment being unsuccessful	<p><i>*Provide written confirmation from your GP/Consultant that no further treatment is available</i></p>						
If No, please give reasons why NHS funded treatment not available to you?	<p><i>*Provide written confirmation from your GP/Consultant why you are not eligible for NHS treatment</i></p>						
GP name							
Surgery address and telephone number							
NHS consultation date							
Give details of the treatment required							
Private consultant name and contact details							
Cost of private treatment <i>*include written confirmation, with a full breakdown of this</i>				Payment terms			

4.1 GDPR Consent

The following consents are required for us to process your application for and, if successful, provide you with the **Health and Wellbeing (Fertility Treatment) Grant**. You have the right to withdraw this consent at any time. If you do not give consent or if you withdraw your consent, we will no longer be able to process your application or provide you with the grant.

Please tick the boxes and sign below

- I consent to my health data being processed by Baily Thomas Provident Fund for the purposes of:
 - Processing my application in order to decide about whether to provide the requested support or assistance to me; and
 - Providing me with that support or assistance

- I consent to my health data being shared with the **Baily Thomas Provident Fund's retained GP** for the purpose of carrying out an assessment for the Baily Thomas Provident Fund to decide about whether to provide the requested support or assistance to me

Signature.....

5. Privacy

Baily Thomas Provident Fund is committed to protecting your privacy. We will use the information you have supplied on this form to process your application and to update the Trustees' records relating to the employee beneficiaries. Full details of how we process your personal data can be found in our [Privacy Policy](#). To request a printed copy please contact us using the details below.

6. Declaration

- I declare the information I have provided in this form is, to the best of my knowledge, accurate and true and will update the Baily Thomas Provident Fund if my information changes.
- I understand that the information I have provided will be used to process this application and to update beneficiary records.
- I understand that to comply with the legal reporting obligations for trustees, basic personal information will be disclosed to HMRC for inclusion on the Trust Register.
- I understand that the information I have provided will be processed in accordance with the Baily Thomas provident Fund [Privacy Policy](#)

Your Signature (applicant)

Date

Your completed form should be returned to:

Baily Thomas Provident Fund, Chadburn House, Weighbridge Road,
Mansfield, Nottinghamshire, NG18 1AH

If you have any queries, please contact us

Tel 01623 473290

Email enquiries@bailythomasprovidentfund.org.uk

Web www.bailythomasprovidentfund.org.uk