

Employee ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hardship Grant Application Form

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|  | | **1. About the former employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Title | | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | Surname | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | |  | | |  | | | | |  | | |  | | |  | |  |  | |  | | |  | | | | | | | | | | | | | | | | | | | | |
| Home telephone number  *(include dial code)* | |  | | | | | | | | | | | | | | | | | | | Mobile number | | | | | | | | | | | |  | |  | |  |  | |  |  | |  | |
| Email address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NI Number | |  | | |  | | | | |  | | |  | | |  | |  |  | |  | | |  | | | |  | | |  | |  | |  | |  |  | |  |  | |  | |
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| Date of Birth  *dd mm yyyy* | |  | | |  | | | | |  | | |  | | |  | |  |  | |  | | |  | | | |  | | |  | |  | |  | |  |  | |  |  | |  | |
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| Dates of  Employment | | From To  *You may need to provide evidence of this if your employment record is not held on our database* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place/Department | | *Where did you last work?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. Who is the request for?**  *Please tick relevant box and include all documents requested as evidence (see guidance notes).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Former Employee | | |  | | | |  | | | Spouse or Partner  *Provide marriage certificate, and proof of co-habitation* | | | | | | | | | | | | | | |  | | | |  | Dependent child *(under 18 or in full-time education if over 18)*  *Provide long form birth certificate* | | | | | | | | | | | |  | | |
| **2.1 About you** *the applicant (if* ***not*** *the former employee)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | Surname | | | | | | | | | | | | | | | | |
| Address  *(if different the former employee)* | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | |  | | |  | | | | |  | | |  | | |  | |  |  | |  | | |  | | | | | | | | | | | | |  |  | |  |  | |  | |
| Home telephone number  *(include dial code)* | |  | | | | | | | | | | | | | | | | | | | Mobile number | | | | | | | | | | | |  | | | | | | | | | | | |
| Email address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NI Number | |  | | |  | | | | |  | | |  | | |  | |  |  | |  | | |  | | | |  | | |  | |  | |  | |  |  | |  |  | |  | |
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| Date of Birth  *dd mm yyyy* | |  | | |  | | | | |  | | |  | | |  | |  |  | |  | | |  | | | |  | | |  | |  | |  | |  |  | |  |  | |  | |
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| **3. About what you need**    Are you requesting a grant or a loan? \****tick as appropriate*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Grant | | | | |  | | | |  | | | | Loan | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | |
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| What are the circumstances which led to your hardship? | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.Statement by Applicant in Support of his/her request**  *State the specific purpose for which help is required* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relevant bills, demand notes, estimates, medical reports (where appropriate) etc. are to be attached to this form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. Advice**  You will need to have received advice and support from a professional debt advisor before the trustees will consider your application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you or your spouse/partner sought any professional financial, debt or benefits advice?  *(Citizens’ Advice Bureau, Turn2us debt charity etc.)* | | | | | *Yes* | | | | | *No* | | | | |  | | *If ‘No’, please tell us why you have not sought any help.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| *If ‘Yes’, please tell us the advice you have had here:*  ***Provide evidence of advice and proposed debt repayment plan - attach this to your application form*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name, address and contact  details of this advisor: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | **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.  By completing this form, your personal information may be shared with debt support organisations and debt support organisations may supply additional personal information to the Baily Thomas Provident Fund in order to process your application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **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  *dd mm yyyy* | | | | |  | | | | |  | | | |  | |  | | |  | |  | | | | |  | | | | |  | |  | |  | | |  | | | | |  | |
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| **Your completed form should be returned to:**  **Baily Thomas Provident Fund**  **Mansfield Business Centre**  **Ashfield Avenue**  **Mansfield**  **NG18 2AE**  **Contact us:**  Telephone: 01623 473290  Email: enquiries@bailythomasprovidentfund.org.uk  Web: www.bailythomasprovidentfund.org.uk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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