

Employee ref: _____
Request no: _____

Health and Wellbeing (Medical) Grant Application Form

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>		

3. Medical Treatment

All applications for grants towards private medical treatment will be referred to our retained GP. You must have consulted your GP and have been referred to an NHS specialist before making an application.

Medical condition <i>(please give as much detail as you can)</i> <i>*You must include a letter from your GP/consultant which explains the diagnosis and treatment required</i> .							
GP name							
Surgery address and telephone number							
Do you have an NHS referral?	Yes	No	<i>If you have answered 'No' please give the reason why you have not been referred here:</i>				
NHS consultant name							
Date of NHS consultation							
Outcome of this consultation <i>(if you have already had the appointment)</i>							
Is the required treatment available on the NHS?	Yes	No		Do you require urgent treatment?	Yes	No	
NHS waiting time for this treatment? <i>*provide evidence of this.</i>							
Private consultant name and contact details							
Cost of private treatment <i>*include written confirmation, with a full breakdown of this</i>				Payment terms			
Details of any surgical appliances or aids you need				Cost of these appliances or aids <i>*provide 2 written quotes</i>			

3.1 GDPR Consent

The following consents are required for us to process your application for and, if successful, provide you with the **Health and Wellbeing (Medical) 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.....

4. 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

5. 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