

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

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

**Health Assessment Grant Application Form for SPOUSE only**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **1. About the Former employee (details required)** | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Title | First Name | | | | | | | | | | | Surname | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode |  | |  | |  |  |  |  |  |  |  | | | | | | | | | | | | | |
| Home telephone number  *(include dial code)* |  | | | | | | | | | Mobile number | | | | |  | |  | |  |  |  |  | |  |
| Email address |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| NI Number |  | |  | |  |  |  |  |  |  |  |  | |  |  | |  | |  |  |  |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth  *dd mm yyyy* |  | |  | |  |  |  |  |  |  |  |  | |  |  | |  | |  |  |  |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. About the Applicant – Your Spouse as a dependent beneficiary**  *Please tick relevant box and include all documents requested as evidence (see guidance notes).* | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide copy of marriage certificate | |  | |  | Provide proof of co-habitation -  Refer to grant guidance notes for what is acceptable evidence | | | | | | | |  | | |  | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | First Name | | | | | | | | | | | Surname | | | | | | | | | | | | |
| Address  *(if different the former employee)* |  | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode |  | |  | |  |  |  |  |  |  |  | | | | | | | |  |  |  |  | |  |
| Home telephone number  *(include dial code)* |  | | | | | | | | | Mobile number | | | | |  | | | | | | | | | |
| Spouse’s  Email address | Spouse must have own unique email | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
| NI Number |  | |  | |  |  |  |  |  |  |  |  | |  |  | |  | |  |  |  |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth  *dd mm yyyy* |  | |  | |  |  |  |  |  |  |  |  | |  |  | |  | |  |  |  |  | |  |
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|  | **3. GDPR Consent** | | |  |
|  | | The following consent is required for us to process your application for the **Health Assessment Grant to access the Nuffield Health Assessment process.** 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.  To access the health assessment service the Baily Thomas Provident Fund (BTPF) is required to provide Nuffield with your: first name, surname, DOB, Gender (M/F), address, telephone number and **unique email address**. Your consent to pass on this information is required and requested below.    **Please tick the box and sign below**   * I consent to my contact details being passed to Nuffield Health for the purposes of accessing the Health Assessment process operated by Nuffield Health.   **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, to update beneficiary records and access the Nuffield Health Assessment process. * I understand that to comply with the legal reporting obligations for trustees, basic personal information will be disclosed for inclusion on HMRC’s 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  Mansfield Business Centre  Ashfield Avenue  Weighbridge Road  Mansfield,  NG18 2AE  **Contact us:**  Telephone: 01623 473290  Email: [enquiries@bailythomasprovidentfund.org.uk](mailto:enquiries@bailythomasprovidentfund.org.uk)  Web: [www.bailythomasprovidentfund.org.uk](http://www.bailythomasprovidentfund.org.uk) | |
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