

| Employee ref: | |
|---------------|--|
| Request no: | |

Undergraduate and Post Graduate Grant Application Form

| 1. About the former employee | | | | | | |
|--|-------------------------------|--|--|---------------|---|--|
| Title | | First Name | | Surnam | ne | |
| Addres | 5 | | | | | |
| Postcoo | de | | | | | |
| Home t | elephone | | | | | |
| numbe | r | | | Mobile Number | er | |
| (Include | e dial code) | | | | | |
| Email a | ddress | | | | | |
| NI Num | ber | | | | | |
| Date of | birth | | | | | |
| | f ment with eld Brewery | You may need to provide evidence of this if your employment record is not held on our database | | | | |
| Place / | | | | | | |
| Departr | ment | | | | | |
| | | | | | | |
| 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 | | full- | ndent child (under 18 or in time education if over 18) Provide long form birth certificate | |
| | | | | | | |
| | | , | | ' | | |

| 2.1 Abo | out you | | | | | |
|-------------|-------------------------|--------------|----------------------|---------------|-----------------|-----------|
| | plicant (if not the | e former em | ployee) | | | |
| | · | First | | | Surname | |
| Title | | Name | | | | |
| 0.1.1 | | | | | I | |
| Address | | | | | | |
| | ent to the employee) | | | | | |
| TOTTTIET E | employee) | | | | | |
| | | | | | | |
| Postcoo | le | | | | | |
| | elephone | | | | | |
| number | | | | Mobile Number | | |
| (Include | dial code) | | | | | |
| Email a | ddress | | | | | |
| NI Num | ber | | | | | |
| Date of | birth | | | | | |
| | | | | l | | |
| | | | | | | |
| 3. Und | ergraduate | or Post Gr | aduate Educati | on | | |
| Univers | ity you are | | | | | |
| attendir | ng | | | | | |
| Course | Title | | | | | |
| Degree | type | | | | | |
| i.e., BA, I | BSc etc. | | | | | |
| Course | start date | | | Cours | se year | |
| Course | completion | | | I | | |
| | | | | | | |
| *Remen | nber you will n | need to encl | ose a full copy of y | our stu | ıdent finance p | paperwork |
| | • | | | | · | • |
| If this is | your first | Subject, | | | | |
| year of | university, | Level & | | | | |
| please I | ist previous | Grade | | | | |
| qualifica | ations and | Subject, | | | | |
| attach c | copy of | Level & | | | | |
| certifica | ites. | Grade | | | | |
| | | Subject, | | | | |
| | | Level & | | | | |
| If applyi | ng for post | Grade | | | | |
| graduat | | Subject, | | | | |
| - | evidence of | Level & | | | | |
| first Deg | gree. | Grade | | | | |

| | Subject, | | | |
|--|------------------|-----------------|---|--|
| | Level & | | | |
| | Grade | | | |
| | Subject, | | | |
| | Level & | | | |
| | Grade | | | |
| | Subject, | | | |
| | Level & Grade | | | |
| | Grade | | | |
| 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. Communication preferences | | | | |
| Please indicate how yo | ou would like | to receive comm | munications from Baily Thomas Provident Fund: | |
| By Email | | | By Post | |
| 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 | | | | |

Mansfield Business Centre

Ashfield Avenue

Mansfield

NG18 2AE

Contact us:

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Web: www.bailythomasprovidentfund.org.uk