

## APPLICATION FOR EMERGENCY GRANT

The RBA was set up to provide relief for necessitous persons (including their widows/widowers or dependants) who are, or have been, engaged continuously for a minimum period of two years by any Member of the British Association of Removers Limited.

Please complete all sections of the form and supply additional information where appropriate if you believe it will assist the committee to better assess the application. All information provided will be treated in strict confidence.

Please note that applications arising from an accident at work, which may be subject to a claim upon the employer's liability insurance, may not be considered.

For guidance of claimants, the Trustees will not normally respond positively to a claim for benefit from a director or shareholder of more than 5% of the issued equity of a company that is currently trading, or partner or proprietor if the business is unincorporated.

Claimants are advised that they may apply for further benefit in the event that their incapacity lasts for longer than initially expected.

RBA Claim Number (Issued by RBA):
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### PART 1 – To be completed by Employer

BAR Member Company Name and Address:

Telephone Number:

Email:

BAR Membership No:

Full name of person for whom grant is requested:

Age:

Is the person currently employed by the BAR member company?

**Yes/No**

Last/Current Job Title:

Employment Period From:

Date last worked:

### PERSONAL DETAILS OF DEPENDANTS

Name	Age	Living at home/away	Relationship to applicant	Employment status or if fully dependant, at school etc

Is financial assistance likely be given by any other source (including last/current employer or charity) **Yes/No**

If **Yes**, please provide details:

Has financial assistance previously been provided by the RBA: **Yes/No**

If **Yes**, please provide brief details and claim number, if known:

**PART 1 - Continued**

Is financial assistance required for a specific reason? **Yes/No**

If **Yes**, please provide details:

Please explain clearly the nature of the illness or incident and reason why the grant application has been made:

Is applicant expected to return to work? **Yes/No** If **Yes**, when is this likely to be?

If **No**, please provide any additional details which may support the application.

Does the Company have a Sickness & Accident Insurance Scheme? **Yes/No**

If **Yes**, name of company providing cover

**DECLARATION**

I declare that, to the best of my knowledge, the above details are correct and I understand that the information provided will be used to process this application which, if considered to be in line with the rules and regulations of the RBA, may be used to award an appropriate grant.

Signed (on behalf of BAR Member):

Date:

Print Name:

Position Held

THE RBA IS A REGISTERED CHARITY AND THE TRUSTEES ARE OBLIGED TO ENSURE THAT APPROPRIATE AWARDS ARE MADE ACCORDINGLY. APPLICATIONS MAY TAKE TIME TO PROCESS CORRECTLY although all claims will be resolved within a maximum of 21 days.

**PART 2 – To be completed by CLAIMANT or Next of Kin**

(This form to be attached to the RBA Application Form - PART 1)

**DETAILS OF FINANCIAL COMMITMENTS** (Please attach further information on a separate sheet if necessary)

Weekly/Monthly <u>income</u> of household			Weekly/Monthly <u>expenditure</u> of household		
Description	£	Weekly/Monthly	Description	£	Weekly/Monthly
Is applicant in receipt of any other income (SSP, any other state benefits etc)			Other liabilities/debts outstanding (loans, credit cards, HP agreements etc)		
Description	£	Weekly/Monthly	Description	£	Weekly/Monthly

I confirm that the above financial information is correct.

Signed (Claimant/Next of Kin):

Date:

Print Name:

Relationship to Claimant (if applicable):