



REFERENCE:

RBF GRANT APPLICATION FORM

(please complete fully in Black Ink and Capital Letters)

SECTION ONE: RAILWAY WORKER DETAILS

TITLE: MR / MRS / MS / OTHER PLEASE SPECIFY: _____

FULL NAME: _____

DATE OF BIRTH: _____ NATIONAL INSURANCE NUMBER: _____

STATUS: SINGLE / MARRIED / COHABITING / SEPARATED / DIVORCED / WIDOWED/DECEASED

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY/SHORT-TERM OR LONG-TERM HEALTH ISSUE:
YES / NO - IF YES, PLEASE SPECIFY: _____

RAIL COMPANY: _____

LOCATION/DEPOT: _____

JOB TITLE: _____

YEARS OF RAILWAY SERVICE FROM: _____ TO: _____

REASON FOR LEAVING: _____

SECTION TWO: APPLICANTS DETAILS (if same as above go to Section 3)

RELATIONSHIP TO CURRENT OR FORMER RAILWAY WORKER: _____

MARITAL STATUS: SINGLE/MARRIED/COHABITING/SEPERATED/DIVORCED/WIDOWED

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY/SHORT-TERM OR LONG-TERM HEALTH ISSUE:
YES/ NO- IF YES PLEASE SPECIFY: _____

TITLE: MR / MRS / MS / OTHER PLEASE SPECIFY: _____

FULL NAME: _____

SECTION THREE: CONTACT DETAILS

ADDRESS: _____

POSTCODE: _____

DATE OF BIRTH: _____ NATIONAL INSURANCE NUMBER: _____

HOME TEL NO: _____ MOBILE TEL NO: _____

DAYTIME CONTACT NO: _____

EMAIL ADDRESS: _____

SECTION FOUR: HOUSEHOLD (PLEASE GIVE DETAILS OF THE PEOPLE WHO LIVE IN YOUR HOME)

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU	EMPLOYED/IN RECEIPT OF BENEFITS/ EDUCATION/RETIRED/CARER/OTHER

TYPE OF HOUSING: OWN YOUR HOME OUTRIGHT / OWN YOUR HOME WITH MORTGAGE / PRIVATE TENANT /COUNCIL PROPERTY / HOUSING ASSOCIATION / SHELTERED ACCOMODATION / RESIDENTIAL CARE HOME / OTHER, PLEASE SPECIFY: _____

SECTION FIVE: YOUR EMPLOYMENT HISTORY (PLEASE CONTINUE ON A SEPARATE SHEET)

DATES (FROM – TO)	POSITION & COMPANY NAME & BRIEF DETAILS OF DUTIES

ARE/WERE YOU A MEMBER OF A TRADE UNION (PLEASE SPECIFY)? _____

SECTION SIX: DEBTS (PLEASE GIVE DETAILS OF ANY DEBTS YOU HAVE AND CONTINUE ON A SEPARATE SHEET IF NECESSARY)

NAME OF CREDITOR	REASON FOR CREDIT	MONTHLY REPAYMENT	BALANCE

SECTION SEVERN: BANK ACCOUNT AND BUILDING SOCIETY ACCOUNT DETAILS (please send in 3 months statements for all accounts)

BANK/BUILDING SOCIETY NAME	BALANCE- £

SECTION EIGHT: INCOME AND EXPENDITURE:

INCOME	WEEKLY	4 WEEKLY	MONTHLY	OFFICE USE ONLY
NET WAGES (SELF)				
NET WAGES (PARTNER)				
PENSION				
STATE PENSION (SELF)				
STATE PENSION (PARTNER)				
RAIL PENSION				
OTHER PENSION(S)				
BENEFITS/TAX CREDITS				
HOUSING BENEFIT				
COUNCIL TAX BENEFIT				
PENSION CREDIT				
CHILD BENEFIT				
CHILD TAX CREDIT				
WORKING TAX CREDIT				
INCOME SUPPORT				
JOBSEEKERS ALLOWANCE				
EMPLOYMENT & SUPPORT ALLOWANCE				
PERSONAL INDEPENDENCE PAYMENT				
DISABILITY LIVING ALLOWANCE				
CARERS ALLOWANCE				
ATTENDANCE ALLOWANCE				
OTHER, PLEASE SPECIFY				
EXPENDITURE				
WEEKLY	4 WEEKLY	MONTHLY	OFFICE USE ONLY	
MORTGAGE				
RENT				
PROPERTY INSURANCE				
SERVICE CHARGE				
COUNCIL TAX				
WATER				
GAS				
ELECTRICITY				
OTHER FUEL – COAL / OIL				
TV LICENCE				
TELEPHONE – LANDLINE /INTERNET				
TELEPHONE – MOBILE				
LIFE INSURANCE				
CHILDCARE COSTS				
HOUSEKEEPING				
CLOTHES				
ALCOHOL				
CIGARETTES				
TRAVEL – CAR / BUS / TRAIN /OTHER				
VEHICLE MAINTENANCE				
OTHER, PLEASE SPECIFY				

SECTION NINE: WHAT DO YOU NEED ASSISTANCE WITH ?

1. Please tell us the background to your problem(s)

2. Explain what happened and how you would like us to help you (please continue on a separate sheet if necessary)

3. What assistance do you need e.g wheelchair, debts (please provide 2 quotes or documentation)

4. How much do you need

SECTION TEN: HAVE YOU APPLIED FOR ASSISTANCE ELSEWHERE

SECTION ELEVEN: IF YOU HAVE DEBTS WHAT ACTION/ADVICE HAVE YOU TAKEN ?

SECTION TWELVE: ANY OTHER INFORMATION

Please use this space to tell us anything else that you think we need to know

DATA PROTECTION ACT: The RBF uses the personal information supplied by you for all purposes associated with processing your applications for assistance. We may also share your personal information, as necessary, with our service providers, agents or other relevant third parties so that we can provide the services you have asked for; for example we may share your data with another charity where an offer of assistance may be jointly shared.

Some of your information may also be used for accounting, audit, statistical or research purposes. The information provided will not be shared with third parties other than for the reasons detailed above unless we are legally obliged to do so, or unless you have given us your prior consent. We will also use your information to keep you informed of our work and new developments and to send you relevant information judged to be useful to you in relation to your application.

Please tick the relevant boxes if you do not wish for us to contact you via: Post Telephone Email SMS (text messaging)

For further details on how your information is used, how we maintain the security of your information and your right to access the information we hold, see our website www.railwaybenefitfund.org.uk. To opt out of any communications you can write to: Jason Tetley, CEO, RBF, Health Shield building, Electra Way, Crewe, Cheshire, CW1 6HS.

DECLARATION: I DECLARE THAT ALL THE INFORMATION SUPPLIED ON THIS FORM HAS BEEN FULLY AND TRUTHFULLY SUPPLIED BY ME TO THE BEST OF MY KNOWLEDGE AND AGREE TO THE USE OF MY DATA AS DETAILED.

SIGNATURE OF APPLICANT: _____

DATE: _____

PLEASE ENSURE YOU ENCLOSE COPIES OF RELEVANT DOCUMENTS IN SUPPORT OF YOUR APPLICATION AND TICK THE RELEVANT BOXES BELOW:

- Proof of income e.g. wage slip, benefit letters, bank statements (3 months)
- Proof of debts e.g. creditor letter, Experian report
- Relevant medical evidence e.g. a Doctor's letter, Occupational Therapist report
- Any other supporting documents

Please return the completed form

to:

**RBF
1ST Floor
Millennium House
40 Nantwich Road
Crewe
CW2 6AD**

If you need help filling in this form, please ring- 0345 241 2885

PLEASE TICK IF YOU WOULD LIKE TO RECEIVE A COPY OF OUR QUARTERLY NEWSLETTER

PLEASE TICK IF YOU WOULD CONSIDER YOUR APPLICATION BEING SHARED AS A CASESTUDY EITHER ON A ANONYMOUS OR NON-ANONYMOUS BASIS (if you tick this box we will still contact you beforehand to confirm your agreement)