Removers Benevolent Association

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 a current Member of the British Association of Removers Limited.

Please read the following guidance notes prior to completing your Application:

- Please complete all sections of the form and supply additional information where appropriate if you believe it will assist the Trustees to better assess the application. All information provided will be treated in strict confidence.
- Applications arising from an accident at work, which may be subject to a claim upon the employer's liability insurance, may not be considered.
- 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 may apply for further benefit in the event that their incapacity lasts for longer than initially expected.
- Once the form has been completed fully, please email it to: **rba@bar.co.uk** to submit your application.

	RBA Claim Number (issued by RBA):

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 to be given by any other source (including last/current employer or charity)? **Yes/No**
Is **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, injury or incident and reason why the grant application has been made:

Is the illness, injury or incident a result of an accident at work or work related?: **Yes/No**

Is the 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 the above details are correct and accurate to the best of my knowledge.
- I understand that the information provided will be used to process the application which if considered to be in line with the rules and regulations of the RBA, may be used to award an appropriate grant.
- I understand that, in accordance with the General Data Protection Regulations, I have sought the appropriate consent from all named individuals allowing the RBA Trustees to process any personal data for the purposes of determining whether the application qualifies for an emergency grant. ***(Please note that any personal information provided in this application will be treated in the strictest confidence, stored securely and not divulged or passed to any other third parties without the explicit and prior consent from the named individual. Any individuals noted in this application have the right to withdraw their consent at any time).***

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.

To submit your application, please email the completed form to: **rba@bar.co.uk.**

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)

Monthly Income of household		**Monthly Expenditure of household**	
Salary/Wages	£	Housing (Rent or Mortgage)	£
SSP	£	Council Tax	£
Pension	£	Home Insurance	£
Child Benefit	£	Electricity	£
Income Support	£	Gas	£
PH Insurance Benefit	£	Water	£
PA Insurance Benefit	£	Food, Drink, Toiletries etc.	£
EL Insurance Benefit	£	Motor Expenses/Public Transport	£
Income from other household members	£	Mobile Telephone	£
Other:	£	Home Telephone Line	£
Other:	£	Internet	£
Other:	£	Television Licence & Subscriptions	£
Other:	£	Credit Card Repayments	£
Other:	£	Hire Purchase Repayments	£
Other:	£	Loan Repayments	£
Other:	£	Other:	£
Total Monthly Income:	£	**Total Monthly Expense**	£

For use if application successful, details of beneficiary's bank account;

Account Name:

Sort Code:

Account Number:

I confirm that the above financial information is correct.

Signed (Claimant/Next of Kin): Date:

Print Name:

Relationship to Claimant (if applicable):

To submit your application, please email the completed form to: **rba@bar.co.uk.**