

# APPLICATION FORM

All information on this form will be treated in confidence.

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## 1. APPLICANT'S DETAILS:

<b>Full name:</b>	<b>Tel No:</b>
<b>Address:</b>	<b>Mobile No:</b>
	<b>Email 1:</b>
	<b>Email 2:</b>
<b>Post code:</b>	<b>Preferred method of contact:</b>
<b>Relationship to Officer:</b>	

## 2. OFFICER'S DETAILS:

<b>Full name of Officer:</b>
<b>Rank and number</b>
<b>Date of joining service:</b>
<b>Date of retirement (if applicable):</b>
<b>Current/last employing force:</b>

## 3. DETAILS OF PARENT'S DEATH

<b>Name of Parent:</b>
<b>Date of death:</b>
<b>Cause:</b>

OR

## DETAILS OF OFFICER PARENT'S INCAPACITATION

<b>Event giving rise to incapacity (please delete as applicable):</b>
<b>Cause:</b>
<b>Nature of incapacity:</b>
<b>Date of medical discharge (if applicable):</b>

#### 4. DETAILS OF ELIGIBLE DEPENDENTS

- Please include all dependent children up to the age of 19 years in full time education; includes natural, adopted or stepchildren,
- Please also include any of the above beyond 18 years of age about to undertake, or currently in, full time further education e.g. university; college.
- If you only have children in the higher education grant criteria please complete Sections 1-5 and then Section 10-12 only

Full name:	Date of birth (dd/mm/yyyy)	Relationship to applicant	Resident with applicant

#### 5. REQUIRED DOCUMENTATION (copies only please)

Birth certificate/adoption certificate	Death certificate (if applicable)
Incapacitation certificate from force (if applicable)	University/college acceptance letter & financial notification form

#### 6. DETAILS OF ANY GRANTS, AWARDS OR COMPENSATION RECEIVED

(If there is an outstanding claim please provide brief details and notify The Trust immediately the claim has been settled)

Bereavement allowance	
Pension commutation	
Death in service benefit	
Police federation award	
Police Dependants' Trust award	
Compensation awarded	
Life assurance payment	
Any other grant	
	<b>TOTAL - £'s =</b>

#### 7. MONTHLY- INCOME OF HOUSEHOLD

Net earnings of self	
Net earnings of spouse/partner	
State pension	
State child benefit	
Widowed parents' allowance	
Occupational pension	
Police pension (self)	
Children's police pension	
Maintenance payments	
Investment income	
Police Dependant's Trust	
Force Benevolent Fund	
Any other income	
	<b>TOTAL - £'s =</b>

**8. MONTHLY - OTHER STATE BENEFITS**

Child benefit	
Child tax credit	
Working tax credit	
Statutory sick pay	
Incapacity benefit	
Disability working allowance	
Industrial injuries disablement benefit	
Severe disablement allowance	
Income support	
Maternity allowance/statutory maternity pay	
Job seekers allowance	
Carer's allowance	
Any other state benefit	
	<b>TOTAL - £'s =</b>

**9. COMBINED MONTHLY INCOME AND BENEFITS**

<b>TOTAL £'s =</b>
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**10. APPLICANT'S BANK DETAILS**

**Please note:** All allowances are paid by BACS. Failure to provide bank details is likely to result in the non- payment of a benefit.

**Name of Bank/Building Society:**

**Address of Bank/Building Society:**

**Post code:**

**Sort Code:**

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**Account Number:**

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**Building Society  
Ref/Roll No:**

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**Please note**

The St George's Police Children Trust is a registered charity which aims to support police families by helping to ease the financial pressures of bringing up children in the face of life-changing circumstances. In order to comply with the Charity Commissioners' Sealed Scheme (governing documents), and the requirements of HM Revenue and Customs, it is necessary from time to time to review the financial circumstances of applicants who receive a benefit from the Charity.

**11. APPLICANT'S DECLARATION**

- I understand that all personal information on this form will be confidential to the professional and administrative staff of the St George's Police Children Trust and no personal information will be shared without my express consent unless required to do so by law.
- In order to provide the best possible levels of service, updates or other information I agree to the St George's Police Children Trust contacting me using the details I have provided.

I am the parent/guardian of the child/children for whom application for a benefit is made. I certify that the information given in this application is, to the best of my knowledge and belief correct and that should any over-payment be made this will be repaid without any undue delay.

**Signature:** .....

**Date:**

**Print name:** .....

**12. FORCE/FEDERATION REPRESENTATIVE DECLARATION**

I certify that to the best of my knowledge and belief that the above particulars are correct; that the child's parent regularly donated to the St George's Police Children Trust and that in my opinion the child/children are eligible to be considered for benefit under the Rules of the St George's Police Children Trust.

<b>Name in full:</b>	<b>Position:</b>
<b>Tel No:</b>	<b>Email:</b>