**Benevolent Fund Application Form**

**Part A –** To be completed by Applicant

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | Age  |  |
| Address |  |
|  | Post code |  |
| Contact Tel (Home) |  | Contact Tel (Mobile)  |  |
| Club / connection with football  |  | Occupation  |  |
| Marital status (single/married) |  |  |  |

**Details of incapacity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this application relating to an injury or illness? (✓) | INJURY (a) |  | ILLNESS (b) |  |
| Date injury incurred or illness diagnosed(dd/mm/yyyy) |  | Anticipated period of incapacity (in weeks – please round up to full weeks) |  |
| (a) If injury - What were you participating in when you sustained the injury? (✓) |
| Competitive fixture  |  | Friendly fixture  |  | Training  |  |
| If illness – Please provide the name and/or nature of the illness  |
|  |
| Nature of incapacity (illness or injury)  |
|  |

**Pre Incapacity Income**

Please provide details of your **WEEKLEY NET** income prior to incapacity

|  |  |
| --- | --- |
| \*Normal (prior to incapacity) **WEEKLY NET** earnings from employer/self-employed status or Include: * Unemployment benefit
* Partners normal weekly earnings
* Salary /average self-employed income generated
* Pension
 | £ |

**During Incapacity Income**

a) Please provide details of your **WEEKLEY NET** income during incapacity

|  |  |
| --- | --- |
| \* **WEEKLY NET** (during incapacity) earnings from employer/self-employed statusInclude:* Unemployment benefit
* Partners normal weekly earnings
* Salary /average self-employed income generated
* Pension
 | £ |
| Total additional benefits accessed as a result of injury/illness (not including insurance) | £ |

b) Insurance

|  |  |
| --- | --- |
| Football related Personal Accident Insurance *This is mandatory for all registered players in affiliated football.*  | £ |
| Personal Accident Insurance provider  |  |
| Private Health Insurance | £ |

**Donations**

Have you received or been promised any financial assistance from any other source since you became incapacitated?

|  |  |
| --- | --- |
| Total value of donations received and/or promised  | £ |
| Details |
|  |

**Previous Claims**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you previously applied to the West Riding FA Benevolent Fund? (✓) | **Yes** |  | **No** |  |
| Total grant received  | £ | Date received (DD/MM/YYYY)  |  |
| Details |
|  |

**Date: Signature:**

**Please pass this form to the Secretary of your District Association.**

**Part B –** To be completed by District FA

|  |  |
| --- | --- |
| Date the DFA received the application (DD/MM/YYYY) |  |
| Have you contacted the applicant to verify the information contained within this application? (✓) | **Yes** |  | **No** |  |
| Have you any knowledge that the above information is correct? (✓) | **Yes** |  | **No** |  |
| Does the DFA support this application? (✓) | **Yes** |  | **No** |  |
| Observations or recommendations |
|  |
| Print name (contact at DFA) |  |

Please send the form to Diane Horne, West Riding County FA, Woodlesford, Leeds, LS268NX or email diane.horne@westridingfa.com