**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 status  Include:   * 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](mailto:diane.horne@westridingfa.com)