**Benevolent Fund Application Form – Adult Football (18+)**

This form must be completed in full, be signed and dated by the Club Secretary and returned, together with a supporting medical certificate where the player has had time off work due to their injury, to the County FA Finance Officer as soon as possible.

Applicant’s full name:

Home address:

Age:

Nature of employment:

Marital status:

Number of children (with ages):

Club playing for when injured: Club affiliation number:

Date of match when injury occurred:

Nature of injury:

Weekly income during incapacity from: Statutory Sick Pay (SSP): £

 Employer’s sick pay (if any): £

Total weekly income during incapacity: £

Period of incapacity through this injury: From To

Date and amount of your club’s last contribution to the Benevolent Fund (your club must have contributed to the Benevolent Fund during the current or previous season for you to be eligible to apply):

Date of contribution:

Amount of contribution: £

To what extent has your club assisted you financially during your period of incapacity due to this injury?

Should you wish to provide any further information which you feel the Benevolent Fund Custodians may find beneficial as they review your application, please do so below:

I hereby certify that the information provided above is correct to the best of my knowledge and belief:

Signed: (Club Secretary)

For: (Football Club)

Date:

**Please remember to send a signed medical certificate, where the player has been off work due to their injury, with your completed application form.**

**This is not an insurance scheme. Awards will only be made where it is evident that financial hardship has been suffered during the period of incapacity.**

**Please send your application to The Finance Officer, Suffolk FA, The Buntings, Stowmarket, Suffolk IP14 5GZ or to info@suffolkfa.com**

For Office Use Only:

Date application received:

Amount of grant approved: £

Case to be further reviewed? Yes / No

Date case closed:

Date payment sent to player: