****

**The Birmingham County Football Association**

**Benevolent (Charitable) Fund**

**APPLICATION FORM**

Reg Charity Number: 1088434

**BCFA BENEVOLENT FUND - Application Form**

**The Birmingham FA’s benevolent Fund is not an insurance scheme but does support members of the local football family in times of need. We offer grants to help those connected to the game eg. participants, volunteers, match officials and administrators and sometimes their dependents who suffer financial hardship as a result of injury or illness – all of whom serve the game in all its formats within the Birmingham FA’s boundary either through affiliation, registration or membership.**

This form must be completed in full, be signed and dated by the Claimant and Club Secretary and returned, together with any supporting documents and a valid medical certificate for the period which the Claimant has been off work due to their injury, to the County FA Finance Officer as soon as possible.

Applicant’s full name: FAN number:

Home address:

Contact Number: email:

Date of Birth: Marital Status:

Nature of employment:

Full/Part Time / Self-employed: Annual Salary:

Number of children (with ages):

Club playing for when injured: Affiliation number:

Date of match when injured: Opponents:

Nature of injury or illness:

Have you taken legal advice or sued the other party – yes/no:

Period of incapacity through this injury: From: To:

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

 Employer’s sick pay (if any): £

Any other grant / donation: £

 Personal Insurance / Club Personal Accident Insurance payment: £

 Total weekly income during incapacity: £

Weekly outgoings: £

Treatments: £ Treatment costs: £

Any other costs: £ Any other losses: £

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

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

Signed – Applicant: Date:

Signed: - Club Sec: Date:

Bank: Sort Code: Account Number:

**Please feel free to use the back of this application for any additional information. If you are unable to complete certain sections of the application or something is unclear then please contact the BCFA or outline your reasons in a covering letter, on the back sheet or in your actual application or email.**

**Please remember to send a signed medical certificate, where the applicant has been off work due to their injury or illness, 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. Any grant is subject to affiliation, membership or registration at the time of your injury/illness.**

**Please send your application to: The Finance Officer, BCFA Benevolent Fund, Ray Hall Lane, Great Barr, Birmingham, B43 6JF or email:** **tracy.piper@birminghamfa.com** **–** subject**: Benevolent Fund**

**All information will be kept for application purposes ONLY and in strictest confidence**

**FOR OFFICE USE ONLY:**

Date application received: Approved / Declined:

Amount of grant approved: £ Further Review (y/n):

Date payment sent to player: Case closed (y/n)

Applicant Visited / Spoke to (y/n)

Signed: BCFA Trustee: Date:

**Additional Information:**

**BCFA Notes:**