

Gloucestershire Football Association Limited

BENEVOLENT FUND GRANT APPLICATION

Private & Confidential



The details requested below are required to clarify the actual circumstances of the case and are in accordance with FA Regulations. The information supplied will enable the Company to consider the scale of assistance that can be offered and will be treated in confidence. Applications will not be considered unless this form is signed by a member of the Gloucestershire FA Council, who is prepared to support the case.

A Doctor's Certificate stating the nature and duration of the injury must accompany all claims. A final Doctor's Certificate must be sent when the applicant is fit to resume normal employment.

*When completed, this form should be sent, together with a Doctor's Certificate, to:
Operations Manager, Gloucestershire FA Ltd, Oaklands Park, Gloucester Road, Almondsbury, Bristol, BS32 4AG.*

Full Name and Address of Applicant (IN CAPITALS)					
Age	Single / Married / Co-habiting / Civil Partnership.		Age(s) of dependent children. Also list any other dependents		
Match details including name of Club the injured player was playing for and name of opponents			Vs (Opponents)		
			Match Date		Referee Name
Nature of the Injury					
Occupation					
Name & Address of Employer					
Estimated length of disablement (weeks)					
Will employment be affected by your injury?					
Details of any proposals to assist applicant by means of Benefit Match, Collections etc.					
Details of any previous Injury sustained whilst playing football & treatment received					
Are full wages being paid?			YES / NO (Delete as appropriate)	If YES, for what period of time	

Average weekly income prior to the injury (Basic Rate Only)	£	
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Estimated income from all sources during the period of injury

Employer (per week)	£	
State Benefits (DSS)	£	
Personal Accident Insurance	£	
Other Income	£	
Total	£	

