## 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 Nam (IN CAPI	e and Address of A ГALS)	pplicant				
Age	Single / Married / Co-habiting / Civil Partnership.		Age(s) of dep children. Also other depende	list any		
Match details including name of Club the injured player was playing for and name of		nd name of				
opponents		Match Date	Refere 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.						
	any previous Injury otball & treatment re					
Are full wa	ages being paid?		YES / NO (Delete as appropriate)	If YES, for what period of time		

A١	verage weekly income prior to the injury (Basic Rate Only)	£	

## Estimated income from all sources during the period of injury

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

Mis-statements, or the with-holding of essential information, may render the application void. I understand I shall be liable to prosecution if I have stated anything in this application which is false or I do not believe to be true.

Applicant	 Print Name:
Club Chairman	 Print Name:
Club Secretary	 Print Name:
Club Secretary Address:	 
	Post code:

Date...../..../...../

## **REPORT AND RECOMMENDATION OF COUNCIL MEMBER WHO, AFTER VERIFICATION, IS** SUPPORTING THIS APPLICATION

(NB: This must be obtained by the Club Secretary before submitting to the Gloucestershire FA)

I certify that I am a current member of the Gloucestershire FA Council and the injury reported was sustained whilst playing in the match stated in the application.

Signed: ..... Print Name: .....

Date: ...../..../...../

## For Gloucestershire FA use ONLY

DONA	TION RECEIVED FRO			Date of Final	Injury Period
Amount	Date	Receipt No.		Medical Certificate	(Weeks)
Data Crant	Data Crant	Data Crant	Chagua Na	Sum	Total
Date Grant	Date Grant	Date Grant	Cheque No.	Sum	Total
Approved	confirmed by	Approved by		£	£
	Board of Directors	Board of Directors			