**Boots Benevolent Fund - Application Form**

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| Lifeworks case reference number: | Date received by Lifeworks: |
| Lifeworks Consultant: |  |

**Part 1 – Tell us about yourself**

**Your details**

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| Name |  |
| Staff number (if you are a current employee )    OR  Pension number and national insurance number (If you are a former employee) |  |
| Home address |  |
| Email address |  |
| Telephone number |  |

**Tell us why you need help?**

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**Who lives in your household with you?**

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| **Name** | **Relationship** | **Age** | **Do they contribute financially to your household?** | **Are they financially dependent on you?** |
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**What is your combined monthly income and expenditure for each of the items listed? Please ensure all occupants within your household (as detailed above) are included.**

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| **Income** | |
| Salary |  |
| Pensions |  |
| Benefits |  |
| Other e.g. from family or charity. |  |
| **Expenditure** | |
| Rent/ground rent/mortgage |  |
| Water |  |
| Gas |  |
| Electric |  |
| Council tax |  |
| TV and telephone package |  |
| Transport costs, Vehicle insurance, public transport etc. |  |
| Food and household essentials |  |
| Credit cards/loans/IVA’s |  |
| Child care |  |
| Other e.g. – pet insurance, social event, birthday present etc. |  |

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| **Do you or your partner have any savings/shares/bonds?** | **Yes /No**  **(delete as appropriate)** | **If yes, please include the value.** |

**Part 2 – What do you need help with?**

Column A: Please circle what you want help with.  
Column B: Lists the supporting documentation required to process your application.

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| **A: I want help with:** | **B: Supporting documents that must be included within your application** |
| **Arrears: YES/NO**  **(please delete as appropriate)**  **What is the value of your arrears?**  Council tax =  Water =  Gas =  Electric =  Oil = | * Bank statements (dated within the last 30 days) for all household occupants who are aged 18 and above. If not employed please provide details of benefits, pension and/or student loans. * Statement of arrears from third party providers. This must be on letter headed paper and dated within the last 30 days.   ACCOUNT HOLDERS PERMISSION - for any arrears that you are requesting help with, please ensure the Fund has permission to speak to them directly to confirm up to date arrears amounts and to arrange payment (if applicable). This is usually just a phone call to the company to state that you are happy for them to discuss your arrears with the Boots Benevolent Fund.  If you haven’t contacted your creditors to request an affordable payment plan please contact them prior to application. |
| **Living expenses YES/NO**  **(please delete as appropriate)**  Payments for food and essential household items required for day to day living. | * Bank statements (dated within the last 30 days) for all household occupants who are aged 18 and above. If not employed please provide details of benefits, pension and/or student loans. |
| **Essential furniture YES/NO**  **(please delete as appropriate)**  Essential furniture if your safety and/or health is at risk. White goods/purchase and repair. | * Bank statements (dated within the last 30 days) for all household occupants who are aged 18 and above. If not employed please provide details of benefits, pension and/or student loans.   If request is for repairs you must obtain quotes from three different service providers. This must be on letter headed paper and dated within the last 30 days. |
| **1st month’s rent and deposit YES/NO**  **(please delete as appropriate)**  Deposits/rent where you are homeless or your safety and/or health is at risk. | * Bank statements (dated within the last 30 days) for all household occupants who are aged 18 and above. If not employed please provide details of benefits, pension and/or student loans. * Statement of tenancy including financial details from landlord that must be on letter headed paper. |
| **Funeral YES/NO**  **(please delete as appropriate)**  Part or full payments of funeral costs. | * Bank statements (dated within the last 30 days) for all household occupants who are aged 18 and above. If not employed please provide details of benefits, pension and/or student loans. * Invoice for funeral. |
| **Car repairs YES/NO**  **(please delete as appropriate)**  Part of full payment of car repairs. Only applicable if the applicant lives in remote locations. | * Bank statements (dated within the last 30 days) for all household occupants who are aged 18 and above. If not employed please provide details of benefits, pension and/or student loans. * Quote for repair from service provider that must be on letter headed paper. |
| **Medical aids YES/NO**  **(please delete as appropriate)**  Physical aid to improve quality of life – i.e. walking frame. | * Bank statements (dated within the last 30 days) for all household occupants who are aged 18 and above. If not employed please provide details of benefits, pension and/or student loans. * Letter from medical practitioner detailing the reason for the medical aid. |

**Part 3 – Supporting the Fund**

The Boots Benevolent Fund wants to support as many people as possible. Using your story can promote the work of the Fund and encourage others to seek help. Please be assured that we would not use your name. Please tick the applicable box.

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| I am happy for the Boots Benevolent Fund to anonymously share my story | Yes | No |
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| How did you hear about the Fund? |

**What happens when you have received my application?**

1. A member of the Boots Benevolent team will contact you to discuss your application.
2. Your application will be processed by the Fund administrators.
3. Your application will be reviewed by the Fund Manager and/or The Funds Trustees.
4. You will be informed of the application outcome.

**Part 4 - Signed declaration**

I give my consent to the sharing of the enclosed information to Lifeworks and selected departments within Boots, to assess my application to the Boots Benevolent Fund and for reporting purposes. I understand that if I am found to be misusing the Fund, this will be investigated and the appropriate action taken. Whilst my application is being processed, I agree to continue to abide by the Boots Code of Conduct. Access to the Fund may be withdrawn without notice and at the discretion of the Boots Benevolent Fund, if my conduct falls below the required standards. Checks will be made to verify the data provided is accurate.

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| Print name: |  |
| Signature: |  |

Checklist:

* Parts 1, 2, 3 and 4 are all completed.
* Part 2 - You have included all the applicable documentation within your application.
* You have included bank statements for anyone living in the home over the age of 18.

If we do not receive all of the documentation required, we will be unable to progress your application. We want to help support you so please help us by providing all the information we require.

To enable the team to process your application promptly, please send your documentation to the Fund email address; [bbf@boots.co.uk](mailto:bbf@boots.co.uk). In the unlikely event that you are unable to send your application via email you can post this to us at:

**Boots Beneveolent Fund**

**1 Thane Road**

**D90 West WF18**

**NG90 1BS**

Thank you for submitting your application to the Boots Benevolent Fund. Please be assured that we will process your application confidentially.