

[www.railwaybenefitfund.org.uk](http://www.railwaybenefitfund.org.uk)

[support@railwaybenefitfund.org.uk](mailto:support@railwaybenefitfund.org.uk)

REFERENCE:

**RBF GRANT APPLICATION FORM (Please complete fully in Black Ink)**

**SECTION ONE: ABOUT THE RAILWAY WORKER (current, retired, former, deceased)**

TITLE: MR / MRS / MS / OTHER PLEASE SPECIFY:

FULL NAME:

RAIL COMPANY:

LOCATION/DEPOT:

JOB TITLE:

YEARS OF RAILWAY SERVICE FROM: TO:

REASON FOR LEAVING:

DATE OF BIRTH: NATIONAL INSURANCE NUMBER:

STATUS: SINGLE / MARRIED / COHABITING / SEPARATED / DIVORCED / WIDOWED/DECEASED

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY/SHORT-TERM OR LONG-TERM HEALTH ISSUE: YES / NO - IF YES, PLEASE SPECIFY:

**SECTION TWO: APPLICANT’S DETAILS (if same as above go to Section Three)**

RELATIONSHIP TO THE RAILWAY WORKER:

MARITAL STATUS: SINGLE/MARRIED/COHABITING/SEPERATED/DIVORCED/WIDOWED

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY/SHORT-TERM OR LONG-TERM HEALTH ISSUE:

YES/ NO- IF YES PLEASE SPECIFY:

TITLE: MR / MRS / MS / OTHER PLEASE SPECIFY:

FULL NAME:

DATE OF BIRTH: NATIONAL INSURANCE NUMBER:

**SECTION THREE: CONTACT DETAILS**

ADDRESS:

POSTCODE:

HOME TEL NO: MOBILE TEL NO:

DAYTIME CONTACT NO:

EMAIL ADDRESS:

**SECTION FOUR: HOUSEHOLD (PLEASE GIVE DETAILS OF THE PEOPLE WHO LIVE IN YOUR HOME)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | DATE OF BIRTH | RELATIONSHIP TO YOU | EMPLOYED/IN RECEIPT OF BENEFITS/  EDUCATION/RETIRED/CARER/OTHER |
|  |  |  |  |
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**TYPE OF HOUSING**: OWNER OCCUPIER/ OWNER OCCUPIER WITH MORTGAGE/PRIVATE TENANT/ COUNCIL PROPERTY/HOUSING ASSOCIATION/ SHELTERED ACCOMMODATION/RESIDENTIAL CARE HOME / OTHER -PLEASE SPECIFY:

**SECTION FIVE: YOUR EMPLOYMENT HISTORY (CONTINUE ON A SEPARATE SHEET IF NECESSARY)**

|  |  |
| --- | --- |
| DATES (FROM – TO) | POSITION & COMPANY NAME & BRIEF DETAILS OF DUTIES |
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**SECTION SIX: DEBTS (PLEASE GIVE DETAILS OF ANY DEBTS YOU HAVE AND CONTINUE ON A SEPARATE SHEET IF NECESSARY)**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF CREDITOR | REASON FOR CREDIT | MONTHLY REPAYMENT | BALANCE £ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION SEVEN: BANK ACCOUNT AND BUILDING SOCIETY ACCOUNT DETAILS (please provide the latest full months statement for all accounts held by you and any spouse/partner. These need to cover the month before the application made).**

|  |  |
| --- | --- |
| **BANK/BUILDING SOCIETY NAME** | **BALANCE £** |
|  |  |
|  |  |
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**SECTION EIGHT: INCOME AND EXPENDITURE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INCOME** | **WEEKLY** | **4 WEEKLY** | **MONTHLY** | **OFFICE USE ONLY** |
| NET WAGES (SELF) |  |  |  |  |
| NET WAGES (PARTNER) |  |  |  |  |
| **PENSION** | | | | |
| STATE PENSION (SELF) |  |  |  |  |
| STATE PENSION (PARTNER) |  |  |  |  |
| RAIL PENSION |  |  |  |  |
| OTHER PENSION(S) |  |  |  |  |
| **BENEFITS/TAX CREDITS** | | | | |
| HOUSING BENEFIT |  |  |  |  |
| COUNCIL TAX BENEFIT |  |  |  |  |
| PENSION CREDIT |  |  |  |  |
| CHILD BENEFIT |  |  |  |  |
| CHILD TAX CREDIT |  |  |  |  |
| WORKING TAX CREDIT |  |  |  |  |
| INCOME SUPPORT |  |  |  |  |
| JOBSEEKERS ALLOWANCE |  |  |  |  |
| EMPLOYMENT & SUPPORT ALLOWANCE |  |  |  |  |
| UNIVERSAL CREDIT |  |  |  |  |
| PERSONAL INDEPENDENCE PAYMENT |  |  |  |  |
| DISABILITY LIVING ALLOWANCE |  |  |  |  |
| CARERS ALLOWANCE |  |  |  |  |
| ATTENDANCE ALLOWANCE |  |  |  |  |
| **OTHER, PLEASE SPECIFY** | | | | |
|  |  |  |  |  |
| **EXPENDITURE** | **WEEKLY** | **4 WEEKLY** | **MONTHLY** | **OFFICE USE ONLY** |
| MORTGAGE |  |  |  |  |
| RENT |  |  |  |  |
| COUNCIL TAX |  |  |  |  |
| GAS |  |  |  |  |
| ELECTRICITY |  |  |  |  |
| OTHER FUEL – COAL / OIL |  |  |  |  |
| WATER |  |  |  |  |
| PROPERTY INSURANCE |  |  |  |  |
| PROPERTY SERVICE CHARGE |  |  |  |  |
| TV LICENCE |  |  |  |  |
| TELEPHONE – LANDLINE /INTERNET/Mobile |  |  |  |  |
| LIFE INSURANCE |  |  |  |  |
| TRAVEL – CAR / BUS / TRAIN /OTHER |  |  |  |  |
| **OTHER- PLEASE SPECIFY** | | | | |
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**SECTION NINE: WHAT DO YOU NEED ASSISTANCE WITH?**

**IF YOUR APPLICATION IS REGARDING FUNERAL COSTS PLEASE GO TO SECTION TEN**

|  |  |
| --- | --- |
| What assistance do you need? | How much do you need? (we will need supporting documentation e.g. proof of debts, 2 quotes etc.,) |
|  |  |
|  |  |
|  |  |
| Please tell us the background to your problem(s) | |

**SECTION TEN: FUNERAL GRANT**

|  |  |
| --- | --- |
| Name of Deceased | |
| What is your relationship to the deceased?  *Husband/Wife/Father/Mother/Other (please specify)* |  |
| Did the Deceased have any Life Assurance or funeral plan?  If ‘YES’ please provide a copy of relevant policies | **YES / NO** |
| Have you applied for a DWP Funeral Grant Payment? | **YES / NO** |
| If a Funeral Grant Payment has been awarded please indicate how much or if you’re still waiting to hear  **Still waiting to hear: YES / NO Amount Paid:** | |
| Has there or will there be any contributions made towards the cost of the funeral from savings or from family members?  **YES / NO Amount Contributed:** | |
| How much do you need? (we will need supporting documentation e.g. funeral invoice/quote) | |

**Is there any other information you would like to include (e.g. background information)?**

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**SECTION ELEVEN: HAVE YOU APPLIED FOR ASSISTANCE ELSEWHERE?**

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**SECTION TWELVE: IF YOU HAVE DEBTS WHAT ACTION/ADVICE HAVE YOU TAKEN?**

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| --- |
|  |

**SECTION THIRTEEN: ANY OTHER INFORMATION**

|  |
| --- |
| Please use this space to tell us anything else that you think we need to know |

**SECTION FOURTEEN: ANY ASSETS? (Shares/Second property/Land)**

Please supply details below and evidence of value;

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| --- | --- |
|  |  |
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**Please supply bank details for payment if application is successful:**

**Name of bank:**

**Sort Code:**

**Account number:**

**Name on account:**

**DATA PROTECTION ACT:** The RBF uses the personal information supplied by you for all purposes associated with processing your applications for assistance. We may also share your personal information, as necessary, with our service providers, agents or other relevant third parties so that we can provide the services you have asked for; for example, we may share your data with another charity where an offer of assistance may be jointly shared.

Some of your information may also be used for accounting, audit, statistical or research purposes. The information provided will not be shared with third parties other than for the reasons detailed above unless we are legally obliged to do so, or unless you have given us your prior consent. We will also use your information to keep you informed of our work and new developments and to send you relevant information judged to be useful to you in relation to your application.

Please tick the relevant boxes if you do not wish for us to contact you via: Post☐ Telephone☐ Email☐

For further details on how your information is used, how we maintain the security of your information and your right to access the information we hold, see our website [www.railwaybenefitfund.org.uk](http://www.railwaybenefitfund.org.uk). To opt out of any communications you can write to: The CEO, RBF, 1st Floor Millennium House, 40 Nantwich Road Crewe, Cheshire, CW2 6AD.

**DECLARATION:** I DECLARE THAT ALL THE INFORMATION SUPPLIED ON THIS FORM HAS BEEN FULLY AND TRUTHFULLY SUPPLIED BY ME TO THE BEST OF MY KNOWLEDGE AND I AGREE TO THE USE OF MY DATA AS DETAILED.

**SIGNATURE OF APPLICANT:**

**DATE:**

**PLEASE ENSURE YOU ENCLOSE COPIES OF RELEVANT DOCUMENTS IN SUPPORT OF YOUR APPLICATION AND TICK THE RELEVANT BOXES BELOW:**

**Proof of income e.g. wage slip, benefit letters, bank statements (1 months)**

**Proof of debts e.g. up to date creditor letter**

**Relevant medical evidence e.g. a Doctor’s letter, Occupational Therapist report**

**Any other supporting documents**

**Please return the completed form to:**

**RBF**

**1ST Floor Millennium House**

**40 Nantwich Road**

**Crewe**

**CW2 6AD**

**If you need help filling in this form, please ring- 0345 241 2885 option 1**

**For our research purposes please could you tell us how you heard of the RBF by ticking the relevant box below:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Colleague |  | Manager/  HR |  | Social media e.g. twitter etc. | | |  | Newsletter/  magazine |  | Caseworker |  |
| Family/friend |  | Online search |  | RMT |  | Other; please specify: | | | | | |

**PLEASE TICK IF YOU WOULD LIKE TO RECEIVE A COPY OF OUR QUARTERLY NEWSLETTER**

**PLEASE TICK IF YOU WOULD CONSIDER YOUR APPLICATION BEING SHARED AS A CASESTUDY EITHER ON A ANONYMOUS OR NON-ANONYMOUS BASIS** (if you tick this box we will still contact you beforehand to confirm your agreement)