

The Referees' Association Benevolent Fund

Clerk to the Referees' Association Benevolent Fund
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APPLICATION FOR A GRANT FROM THE BENEVOLENT FUND

This form is normally to be completed and signed by the claimant and sent direct to the Clerk to the Trustees [address above] in a sealed envelope marked 'PRIVATE & CONFIDENTIAL'. A claim may also be made by a Local Referees' Association [LRA], for instance, on behalf of a severely incapacitated member who is unable to complete this form or for a deceased member.

To enable the Trustees of the Benevolent Fund to decide if a grant can be made, it is essential that they have as much information of the circumstances of the applicant as is possible - all the questions must be answered and not struck out or left blank. Your information is treated in confidence and is only seen by the Clerk to the Trustees and those Trustees who consider the claim.

MEMBER'S SURNAME AGE

MEMBER'S FORENAME(S) IN FULL

MARITAL STATUS: Married/Living with partner/Single/Widowed/Divorced [DELETE THOSE NOT APPLICABLE]

MEMBER'S ADDRESS

.....

..... POST CODE

CONTACT TELEPHONE NUMBER

EMAIL ADDRESS

OCCUPATION/PROFESSION OR STATE IF RETIRED/UNEMPLOYED

LRA OF WHICH THE CLAIMANT IS A CURRENT AND PAID-UP FULL MEMBER

1. Was the member's affiliation fee to the Referees' Association for the current membership year already paid to the Head Office by the LRA at time of accident, illness or death?

YES / NO

2. Nature of accident, illness or disability:

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3. In the case of accident, is a claim being pursued against third party? YES / NO

4. Date incapacity or unemployment commenced:

5. Date incapacity due to finish: (if known):

6. Particulars of Member's family and dependants if any:

(Please give name and age and weekly wage, where applicable).

Wife/Husband/Partner Age Wage £

Children 1 Age Wage £

Children 2 Age Wage £

Children 3 Age Wage £

Children 4 Age Wage £

7. Was member in employment at date of accident or incapacity. YES / NO

8. a) Date that member last received full salary:

b) Date that member last received half/part salary:

9. Has assistance previously been requested from the RA Benevolent Fund? YES / NO

If so, when, and what financial help was given?

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10. Is the member entitled to, or in receipt of financial assistance from any other organisation outside football such as a Trade Union? If so, please give details:

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11. Has/will an application for a grant been made to the The FA or County FA? YES / NO

If so, amount received:

or is it pending? YES / NO or has it been refused? YES / NO

12. Has/will any claim been made to the RA personal Accident Insurance Scheme? YES / NO

If so, amount received:

or is it pending? YES / NO or has it been refused? YES / NO

13. Give full details of all the claimant's **WEEKLY OR MONTHLY** income and outgoings:

Please state: these figures are **WEEKLY / MONTHLY** by striking out what is inapplicable

INCOME (£)		OUTGOINGS (£)	
Sickness Benefit		Mortgage	
Unemployment Benefit		Rent	
State Pension		Council Tax	
Private Pension		Telephone	
Child Benefit & Tax Credits		Gas	
Disability Pension		Electricity	
Mobility Pension		Water	
Other State Benefits		TV	
Accident Insurance		Hire Purchase or Credit Sale	
Sickness or Disability Insurance		Car Expenses	
From employment		Clothes	
Any other personal income		Entertainment	
Spouse/Partner's income		Food	
Contributions to household expenses from other family members		Other liabilities	
PRESENT TOTAL WEEKLY/MONTHLY INCOME		TOTAL WEEKLY/MONTHLY EXPENDITURE	
PREVIOUS TOTAL WEEKLY/MONTHLY INCOME before incident			

14. Particulars of any capital or savings in total £

15. Is the Grant required for any special purposes? YES / NO

If so, please give details:

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16. If any Grant awarded is to be paid to a Widow, Dependant or other person, please state to whom:

(a) Relationship to member

(b) FULL Names of Widow or Dependant etc.

I certify that to the best of my knowledge the statements contained in this document are correct:

Signature of Applicant Date

Position of applicant if it is not the member him/herself

ANY OTHER RELEVANT INFORMATION WHICH MAY HELP THE TRUSTEES MAY BE GIVEN BELOW OR ON A SEPARATE SHEET OF PAPER.