



**BUTCHERS' AND DROVERS' CHARITABLE INSTITUTION
APPLICATION FORM FOR ASSISTANCE**

GUIDANCE NOTES TO THOSE APPLYING

1. The Charity's rules state assistance may be given only to those persons, or their widows or dependent children, who are or have been connected with the Meat Trade within Great Britain and Republic of Ireland
2. The Committee will give preference to those applications providing details of Meat Trade connections, verified in writing by existing meat traders or by production of other documentation
3. If this form is being completed on behalf of an applicant, please give as much information as possible and explain in the space provided your connection with the applicant. Please answer all questions.
4. **Please send the COMPLETED FORM along with the following information by email to info@bdci.org.uk or post to Butchers' and Drovers' Charitable Institution, Fountain Precinct, Balm Green, Sheffield, S1 2JA**
 - a. proof of meat industry connection e.g. Letters of employment, payslips, bill-heads, press cuttings and photographs are acceptable as proof.
 - b. A copy of passport or driving licence.
 - c. Utility Bill less than 3 months old
 - d. 3 months worth of bank statements
 - e. Evidence of current benefits
 - f. Medical letters

Please only send copies not originals.

If you have any difficulties completing this form please telephone 01727 896094

A. APPLICANT'S DETAILS

FULL NAME (Mr/Mrs/Miss/Ms) DATE OF BIRTH.....

ADDRESS TELEPHONE

..... EMAIL

..... PLEASE UNDERLINE WHETHER MARRIED /

POSTCODE..... SINGLE / WIDOWED / DIVORCED

Does the applicant have any children? YES/NO

CHILDRENS NAME	AGE	EMPLOYMENT	DO THEY PROVIDE HELP TO APPLICANT?	DO THEY RESIDE WITH YOU?
1.....
2.....
3.....
4.....

Details of other person(s) residing with applicant:

Name	Relationship	Age	Do they provide help to Applicant?
.....
.....

B. CONNECTION WITH MEAT TRADE

Please provide details of the applicant's connection to the meat industry.
 If connection is based upon another's employment, please state your relationship
 (e.g. Spouse, Parent) :

Name of meat trade company

 Address

 Dates Worked

 Job title and duties performed

Name of meat trade company

 Address

 Dates Worked

 Job title and duties performed

Name of meat trade company

 Address

 Dates Worked

 Job title and duties performed

Name of meat trade company

 Address

 Dates Worked

 Job title and duties performed

Do you give permission for the BDCI to contact your current or previous employers to confirm your work history Yes / No
 Please supply email address for each company

PLEASE CONTINUE ON A SEPARATE PIECE OF PAPER IF NECESSARY

DID THE APPLICANT (OR THE PERSON ON WHOSE CONNECTION THE APPLICATION IS BASED) HAVE HIS/HER OWN BUSINESS? YES / NO

If yes, state:

- a) Trading Name
- b) Business address
- c) Dates of operation of the business
- d) Names of meat trade firms with which you dealt

C. CAPITAL, PROPERTY, SAVINGS DEBTS

Please provide details of your finances:

SAVINGS £
 INVESTMENTS £ (CURRENT VALUE)
 BANK CURRENT ACCOUNT £

Housing Type (please tick)

Council House / Flat	Housing Association	Privately Rented	Sheltered Housing	Own Home	Nursing Home

If Own Home

OUTSTANDING MORTGAGE: £

APPROXIMATE VALUE £

PLEASE GIVE BRIEF DESCRIPTION OF THE HOUSE INCLUDING ITS CONDITION?

.....
HAVE YOU CONSIDERED AN EQUITY RELEASE SCHEME ON YOUR PROPERTY? YES / NO

DOES THE APPLICANT HAVE ANY DEBTS (E.G. OVERDRAFT, CATALOGUES, CREDIT CARDS)? YES / NO

LENDERS NAME	AMOUNT OWED	REASON FOR DEBT
.....
.....
.....
.....

D. INCOME

I. How much does the applicant receive from?

	APPLICANT	PARTNER
Employment / Working	£ Monthly	£ Monthly
State Retirement Pension	£ Monthly	£ Monthly
Occupational/ Other Pension	£ Monthly	£ Monthly
Income Support	£ Monthly	£ Monthly
Pension Credit	£ Monthly	£ Monthly
Bereavement Allowance	£ Monthly	£ Monthly
PIP	£ Monthly	£ Monthly
Severe Disablement Allowance	£ Monthly	£ Monthly
Attendance Allowance	£ Monthly	£ Monthly
Carer's Allowance	£ Monthly	£ Monthly
Mobility Allowance (for car)	£ Monthly	£ Monthly
Disability Living Allowance	£ Monthly	£ Monthly
Child Benefit	£ Monthly	£ Monthly
Universal Tax credit	£ Monthly	£ Monthly
Child Tax Credit	£ Monthly	£ Monthly
Income from savings & investments	£ Monthly	£ Monthly
Any other income (e.g. War pension or other Charities)	£ Monthly	£ Monthly
Total Income	£ Monthly	£ Monthly

E. MONTHLY EXPENDITURE

Actual Rent / Mortgage (after Housing Benefit)	£ Monthly
Council Tax	£ Monthly
Gas/Electric/Coal/Water	£ Monthly
Care Costs	£ Monthly (please give details below)
Television License and TV package	£ Monthly
Telephone inc mobile and internet	£ Monthly
Insurances	£ Monthly
Food	£ Monthly
Debt repayments (not mortgage)	£ Monthly
Car / Petrol	£ Monthly (is this your car? YES/NO)
Other 1	£ Monthly
Other 2	£ Monthly
Other 3	£ Monthly

TOTAL £ Monthly

FULL DETAILS OF CARE COSTS

