



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

F: REASONS FOR APPLYING

Please provide a summary of applicant's current health and/or social circumstances

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.....
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.....
.....
.....
.....
.....
.....
.....

G. ASSISTANCE REQUIRED

Please complete either (1) or (2)

1. FINANCIAL ASSISTANCE

Give details of the specific need (for example: medical equipment, house repairs, household goods etc.)

.....
.....

If seeking a grant for a particular item(s), state cost: £

And state amount sought from this charity: £

2. NURSING OR RESIDENTIAL HOME FEE TOP-UP

Give following details:

Address of Home

.....

Fees per month £

How is this cost being met?	per month
by: Local Authority or State	£
Other bodies	£
Own resources	£
Other family members	£

LEAVING A BALANCE OF: £

H. OTHER SOURCES OF HELP

It is important that you tell us about other charities you have approached

a) **Previous assistance:** please state whether you have received help from this charity in this past (date and amount)

b) Please tick whether you are also applying for help from the following charities:

Grocery Aid

Retail Trust

Fishmongers' and Poulterers' Institution

Provision Trades Benevolent Institution

Other (please state)

c) Please give the name of all other charities you are seeking help from and state what the outcome has been or whether you are awaiting a reply:

Name	Date applied	Outcome (grant or awaiting)
1		
2		
3		
4		

d) If you have been paid a visit by a caseworker from another charity, please give details:

Caseworker's Charity	Date of Visit
.....	

I. HOW DID YOU HEAR ABOUT BDCI

Recommended by friend ☐ CAB ☐ SSAFA ☐ TRBL ☐ Leaflet through workplace ☐

other please give details

J. YOUR AGREEMENT

I hereby declare that all questions contained in this application have been fully and truthfully answered to the best of my ability and that I undertake to inform you of any changes in my circumstances that might affect any decision to grant me assistance.

APPLICANT'S SIGNATURE **DATE**
(OR PARTNER)

IF YOU ARE A CASEWORKER / SOCIAL WORKER ETC. WHO IS COMPLETING THE FORM / OR SIGNING ON SOMEONE'S BEHALF PLEASE SIGN BELOW:

CASEWORKER'S SIGNATURE DATE

(Data Protection Act 1998 – by signing this form, you consent to the processing by this Charity of any personal data relating to you, gathering for the purpose of the Charity), and consent to the charity approaching third parties to gather further information on your behalf.

Registered Office Address: Fountain Precinct, 4th Floor Orchard Lane Wing, Balm Green, Sheffield, S1 2JA

Registered Charity No: 1155703 A Private Limited Company registered in England and Wales No: 8880818