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| --- | --- |
| **Employee ref:** |  |
| **Request no:** |  |



**Hearing Aid Grant Application Form**

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| **1. About the former employee (mandatory)** | | | | | | | | | |
| **Title** | Click or tap here to enter text. | **First Name** | Click or tap here to enter text. | | | | **Surname** | | Click or tap here to enter text. |
| **Address** | | Click or tap here to enter text. | | | | | | | |
| **Postcode** | | Click or tap here to enter text. | | | |  | | | |
| **Contact telephone number**  *(Include dial code)* | | Click or tap here to enter text. | | | | **Mobile number** | | Click or tap here to enter text. | |
| **Email address** | | Click or tap here to enter text. | | | | | | | |
| **NI Number** | | Click or tap here to enter text. | | | | | | | |
| **Date of birth** | | Click or tap to enter a date. | | | | | | | |
| **Dates of**  **Employment with Mansfield Brewery** | | Click or tap here to enter text.  *You may need to provide evidence of this if your employment record is not held on our database* | | | | | | | |
| **Place / Department** | | Click or tap here to enter text. | | | | | | | |
| **2. Who is the request for?** *Please tick the relevant box and include all documents requested as evidence (see guidance notes).* | | | | | | | | | |
| **Former Employee** | | | | **Spouse or partner** | | | | | |
|  | | | |  | | | | | |
| **IMPORTANT**:  If the grant is for a spouse/partner of a former employee, please submit official documentation e.g. a utility statement linking the spouse/partner to the same address as the former employee. Please note, this information is required each time a grant application is made and must be no more than 3 months old.  If not done so previously, please upload a copy of your marriage certificate along with proof of cohabitation (e.g. cohabitation agreement, bank statement, utility bills, mortgage/tenancy agreement). Please note, for spouses/partners to be eligible as a beneficiary of the Baily Thomas Provident Fund, they must be able to evidence financial dependency to the former employee for the last 2 years.  If the grant is for a dependent child and you have not done so previously, please submit a copy of their long form birth certificate. Please note, dependent children are eligible for the Baily Thomas Provident Fund up until 18 years of age. If children are over 18 years of age, they must be in full-time education to be eligible. If your child is over 18 years old, please submit evidence that they are in full-time education. | | | | | | | | | |
| **2.1 About the applicant (if not the former employee)** | | | | | | | | | |
| **Title** | Click or tap here to enter text. | **First Name** | Click or tap here to enter text. | | | | **Surname** | | Click or tap here to enter text. |
| **Address** | | Click or tap here to enter text. | | | | | | | |
| **Postcode** | | Click or tap here to enter text. | | | |  | | | |
| **Contact telephone number**  *(Include dial code)* | | Click or tap here to enter text. | | | | **Mobile number** | | Click or tap here to enter text. | |
| **Email address** | | Click or tap here to enter text. | | | | | | | |
| **NI Number** | | Click or tap here to enter text. | | | | | | | |
| **Date of birth** | | Click or tap to enter a date. | | | |  | | | |
| **3. About your request** | | | | | | | | | |
| **3.1 Your situation**  Please tell us about your situation/condition and how it impacts you | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| **3.2 Your need**  Please tell us why you need the grant (include details of any waiting lists, unsuitable models of hearing aids, how the grant will benefit you) | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| **3.3 Supporting evidence** | | | | | | | | | |
| **Please ensure that you submit the following documents with your application:**   * Your GP referral to NHS audiology * Proof of long wait times for the NHS service (if applicable) * Proof that the NHS model is unsuitable for your needs (if applicable) * Quote for the cost of hearing aids obtained from a reputable provider * A copy of your hearing test results showing the need for a hearing aid | | | | | | | | | |
| **4. Privacy** | | | | | | | | | |
| The Baily Thomas Provident Fund is committed to protecting your privacy. We will use the information you have supplied in this form to process your application and to update our records. Full details of how we process your personal data can be found in our [**Privacy Policy**](https://www.bailythomasprovidentfund.org.uk/about-us/website-and-privacy-policy). | | | | | | | | | |
| **5. Communication preferences** | | | | | | | | | |
| To provide better, more regular communication to beneficiaries, and to reduce our environmental impact, email will be our preferred method of communication going forwards.  If you would still like to receive hard copy communication via the post, please tick this box: | | | | | | | | | |
| **6. Data Protection Consent** | | | | | | | | | |
| The following consent is required to process your application form and, if successful, provide you with the grant. You have the right to withdraw this consent at any time and can do so by emailing [enquiries@bailythomasprovidentfund.org.uk](mailto:enquiries@bailythomasprovidentfund.org.uk).  If you do not give consent, or if you withdraw your consent, we will no longer be able to process your application or provide you with the grant.  **IMPORTANT:** If you are applying on behalf of someone else, you must ensure they complete this section of the form themselves. It is a requirement of the data protection law that they must consent to the processing of their own health information.    **Please tick the box and sign below**  ☐ I consent to my health data being processed by the BTPF and other relevant third parties for the purposes of:   * Processing my application * Providing me with support | | | | | | | | | |
| **Signature** | | | | | Click or tap here to enter text. | | | | |
| **Date** | | | | | Click or tap here to enter text. | | | | |
| **7. Declaration** | | | | | | | | | |
| * I declare the information I have provided in this form is, to the best of my knowledge, accurate and true and I will update the Baily Thomas Provident Fund (BTPF) if my information changes. * I understand that the information I have provided will be used to process this application and to update beneficiary records. * Where applicable, I understand that my personal data will be shared with relevant third parties for the purpose of accessing the grants/benefits provided by the BTPF * Where data has been provided on behalf of someone else, I declare that they are aware of this and understand their data will be processed for the purpose of accessing the grants/benefits provided by the BTPF, in line with the BTPF [Privacy Policy](https://www.bailythomasprovidentfund.org.uk/about-us/website-and-privacy-policy) * I understand that to comply with the legal reporting obligations for Trustees, basic personal information will be disclosed to HMRC for inclusion on the Trust Register. * I understand that the information I have provided will be processed in accordance with the BTPF [Privacy Policy](https://www.bailythomasprovidentfund.org.uk/about-us/website-and-privacy-policy) | | | | | | | | | |
| **Your Signature** | | Click or tap here to enter text. | | | | | | | |
| **Date** | | Click or tap to enter a date. | | | | | | | |
| **Your completed form should be returned to:**  **Baily Thomas Provident Fund**  **Mansfield Business Centre**  **Ashfield Avenue**  **Mansfield**  **NG18 2AE**  **Email:** [**enquiries@bailythomasprovidentfund.org.uk**](mailto:enquiries@bailythomasprovidentfund.org.uk)  **If you need help completing this form, please contact us on: 01623 473290,** [**enquiries@bailythomasprovidentfund.org.uk**](mailto:enquiries@bailythomasprovidentfund.org.uk) | | | | | | | | | |