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



**Energy Grant Application Form**

**If you would like to take advantage of the energy grant, please complete the below application form. Please note all applicable fields are mandatory.**

**(Grant available from 1 November 2024 to 31 March 2025)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. About the former employee** | | | | | | |
| **Title** |  | **First Name** |  | | **Surname** |  |
| **Address**  *(Include postcode)* | |  | | | | |
| **Contact telephone number** | |  | | | | |
| **Email address** | |  | | | | |
| **NI Number** | |  | | | | |
| **Date of birth** | |  | | | | |
| **Dates of**  **Employment with Mansfield Brewery** | | *You may need to provide evidence of this if your employment record is not held on our database* | | | | |
| **Place / Department** | |  | | | | |
| **2. About you**  *The applicant (you only need to complete this section if you are not the former employee)* | | | | | | |
| **Title** |  | **First Name** |  | | **Surname** |  |
| **Address**  *(include postcode)* | |  | | | | |
| **Contact telephone number** | |  | | | | |
| **Email address** | |  | | | | |
| **NI Number** | |  | | | | |
| **Date of birth** | |  | |  | | |
|  | | | | | | |
| **3. Information about the grant** | | | | | | |
| * This is an application for a one-off grant of £300 to assist with energy costs. * This grant is limited to one per household. * This grant is available between 1 November 2024 and 31 March 2025 only. | | | | | | |
| **4. Payment details** | | | | | | |
| * If you are eligible, the grant of £300 will be paid directly into your bank account. * The bank account must be in the name of the former employee or the qualifying applicant. * It is your responsibility to check that the bank account details you provide are correct. * If your bank account details change between the point of application and the payment, it is your responsibility to update the Baily Thomas Provident Fund (BTPF) office in writing of any changes. | | | | | | |
| Account holder’s name: | | | | | | |
| Bank name: | | | | | | |
| Sort code: | | | | | | |
| Account number: | | | | | | |
| **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. Hardship** | | | | | | |
| * During this period of unprecedented pressure, beneficiaries are reminded that grants are available for those in financial hardship. More information on hardship grants is available online or from the BTPF office. * Beneficiaries qualifying for means-tested benefits who may require additional support at this time, are also invited to contact the BTPF office to discuss ways in which additional support could be provided. * If you would like a member of the BTPF office to have a private and confidential discussion with you about your personal circumstances and any additional support that might be available, please tick the box below. | | | | | | |
| I would like a member of the BTPF office to telephone me to discuss my personal circumstances | | | | | | |
| **7. Declaration** | | | | | | |
| * I declare the information I have provided in this form is, to the best of my knowledge, accurate and true and will update the 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. * 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** *(Applicant)* | |  | | | | |
| **Date** | |  | | | | |
| **Your completed form should be returned by post or email to:**  **Baily Thomas Provident Fund**  **Mansfield Business Centre**  **Ashfield Avenue**  **Mansfield**  **NG18 2AE**  **Email: enquiries@bailythomasprovidentfund.org.uk**  **If you need help completing this form, please contact us on: 01623 473290**  **www.bailythomasprovidentfund.org.uk** | | | | | | |