



BUTCHERS' AND DROVERS' CHARITABLE INSTITUTION
APPLICATION FORM FOR ASSISTANCE

RETURN FORM TO BDCI, Ground Floor, 4 Victoria Square St Albans, Herts. AL1 3TF

GUIDANCE NOTES TO THOSE APPLYING

- 1. The Charity's rules provide that 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, would you please give as much information as possible and explain in a covering letter your connection with applicant. Please answer all questions.

A. APPLICANT'S DETAILS

FULL NAME (Mr/Mrs/Miss/Ms) DATE OF BIRTH
ADDRESS TELEPHONE
POSTCODE PLEASE UNDERLINE WHETHER MARRIED / SINGLE / WIDOWED / DIVORCED

Details of other person(s) residing with applicant:

Table with 3 columns: Name, Relationship, Age

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) :

Form box for applicant's connection details: Name of meat trade company, Address, Dates Worked, Job title and duties performed

Form box for another person's connection details: Name of meat trade company, Address, Dates Worked, Job title and duties performed

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. OTHER NON-MEAT TRADE EMPLOYMENT**

APPLICANTS's (Former/present) EMPLOYMENT (state none if applicable)

JOB TITLE/DUTIES ..... COMPANY ..... DATES .....

JOB TITLE/DUTIES ..... COMPANY ..... DATES .....

PARTNER'S (Former/present) EMPLOYMENT (state none if applicable)

JOB TITLE/DUTIES ..... COMPANY ..... DATES .....

JOB TITLE/DUTIES ..... COMPANY ..... DATES .....

IF THE APPLICANT (OR PARTNER ETC.) HAS NOT WORKED FOR LONG PERIODS OF TIME PLEASE STATE REASON (E.G. BRINGING UP CHILDREN, ILLNESS) AND DATES

.....

**D. DOES THE APPLICANT HAVE ANY CHILDREN YES/NO**

NAME	AGE	EMPLOYMENT	DO THEY PROVIDE HELP TO APPLICANT?
1.....	.....	.....	.....
2.....	.....	.....	.....
3.....	.....	.....	.....
4.....	.....	.....	.....

**E. 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
.....	.....	.....
.....	.....	.....

### F. INCOME

**(DO NOT COMPLETE THIS SECTION** IF THESE DETAILS HAVE ALREADY BEEN PROVIDED ON A SSAFA / ROYAL BRITISH LEGION ETC. FORM A 2001 OR SIMILAR APPLICATION FORM)

I. How much does the applicant receive from?

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

### G. WEEKLY EXPENDITURE

**(DO NOT COMPLETE THIS SECTION** IF THESE DETAILS HAVE ALREADY BEEN PROVIDED ON A SSAFA / ROYAL BRITISH LEGION ETC. FORM A 2001 OR SIMILAR APPLICATION FORM)

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

FULL DETAILS OF CARE COSTS .....

**I. ASSISTANCE SOUGHT**  
PLEASE COMPLETE EITHER (1) OR (2)

**1. FINANCIAL ASSISTANCE**

Give details of the specific need (for example: general living expenses, medical equipment, house repairs, 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 week £ .....

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

LEAVING A BALANCE OF: £ .....

**J. 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:

- CARAVAN (formerly National Grocers Ben. Fund)
- RETAIL TRUST (formerly Cottage Homes)
- FISHMONGERS' AND POULTERERS' INSTITUTION
- PROVISION TRADES BENEVOLENT INSTITUTION
- BAKERS' BENEVOLENT FUND
- 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

.....

**K. How did you hear about BDCI**

Recommended by friend  CAB  SSAFA  TRBL  Leaflet through workplace

other please give details .....

**L. 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.

**M. WHAT HAPPENS NEXT?**

All applications are considered at the next Committee Meeting which is normally held every two months. To guarantee inclusion at that meeting, please ensure your form is received at least 14 days before the next meeting. After the meeting, you should receive a letter within 10 days outlining our decision.

Before you return this form please remember to attach verification (if possible) of Trade connection, from an existing member of the Trade or other proof:

**EXAMPLES OF PROOF OF MEAT INDUSTRY CONNECTION**

Letters of employment, payslips, bill-heads, press cuttings and photographs are acceptable and will be returned to you.

**Please return the form with a covering letter detailing your current health and circumstances to:**

**The Butchers' and Drovers' Charitable Institution,  
Ground Floor, 4 Victoria Square  
St Albans,  
Herts.  
ALI 3TF**

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

Registered Office Address: Ground Floor, 4 Victoria Square St Albans, Hertfordshire. ALI 3TF

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