

## POA Welfare Fund Application for Assistance - In Confidence

<b>For office use only</b>			
Date of Meeting	<input style="width: 95%;" type="text"/>	Ref	<input style="width: 95%;" type="text"/>
Award	<input style="width: 95%;" type="text"/>	Cheque no	<input style="width: 95%;" type="text"/>
POA Membership No	<input style="width: 95%;" type="text"/>		

please answer all questions and change any pre-filled details.

### 1. Your Details

Surname	<input style="width: 95%;" type="text"/>	Mr	<input style="width: 95%;" type="text"/>	Mrs	<input style="width: 95%;" type="text"/>	Miss	<input style="width: 95%;" type="text"/>	Ms	<input style="width: 95%;" type="text"/>	Other	<input style="width: 95%;" type="text"/>
First Names	<input style="width: 95%;" type="text"/>										
Date of Birth	<input style="width: 95%;" type="text"/>			NI Number	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Marital Status:	Single	<input style="width: 95%;" type="text"/>	Married/ Partner	<input style="width: 95%;" type="text"/>	Separated	<input style="width: 95%;" type="text"/>	Divorced	<input style="width: 95%;" type="text"/>	Widowed	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Address:	<input style="width: 95%;" type="text"/>										
Post Code:	<input style="width: 95%;" type="text"/>										
Home Telephone No.	<input style="width: 95%;" type="text"/>										
Daytime contact number (if not home telephone no.)	<input style="width: 95%;" type="text"/>										
Fax No.	<input style="width: 95%;" type="text"/>			Email address	<input style="width: 95%;" type="text"/>						

### 2. Who Lives in Your House?

Name	Date of Birth	Relationship	Are They	
			In Education	Employed
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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### 3. Department/Agency Details

Are you	A Member	
	A Dependent	

Relationship to Member	
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**Please give details of the Member on whom eligibility is based**

Name of Member	
Department/Agency	
Grade	
Official Address:	
Post Code:	
Payroll No	

Service start date		Service end date	
Reason for Leaving			
Are you on a contract?		If yes, state when it is due to expire	

Are you on:	Full Pay		Half Pay		Pension Rate		No Pay	
If you are not on full pay, please show your normal								
*weekly/*monthly net pay								

\* Please delete as appropriate.

#### 4. Income

	Weekly £	Monthly £
Salary (Net)	_____	_____
Partners Salary (Net)	_____	_____
Other Income	_____	_____
Maintenance	_____	_____
Working Families Tax Credit	_____	_____
Child Benefit	_____	_____
Job Seekers Allowance	_____	_____
Income Support	_____	_____
Incapacity Benefit	_____	_____
Other Benefits _____	_____	_____
_____	_____	_____
_____	_____	_____
State Retirement Pension	_____	_____
Civil Service/Department Pension (Net)	_____	_____
Other Pension (Net)	_____	_____
Contribution from people living in your house	_____	_____

#### Disability Living Allowance

Care	Higher	Middle	Lower	_____	_____
Mobility	Higher	Lower	_____	_____	
Attendance Allowance	Higher	Lower	_____	_____	

#### 5. Details of Your Capital/Savings

£	Where Invested
	Bank Account
	Building Society
	Other

If you have, or are about to receive a Civil Service Gratuity, please show the amount received/expected, the date received and show whether you have included it in the savings listed above.

Amount expected/received	Date Received	Included above?



### 8. Other Debt Information

What action/advice have you taken about your debts?

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### 9. Documentary Proof

Please make sure you have enclosed the following:

Bank/Building Society Statement	Most recent full monthly statement	
Payslip/Pension Advice	Most recent wage slip	
Copies of outstanding bills		

### 10. Other Applications

If you have a connection with HM Forces, give brief details

Enlistment Date		Official Service Number	
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Please list any other organisations you have applied to for help, the results and the date your application(s) are to be considered.

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**11. Other General Information**

Please tell us the background to your current problem(s). Explain how they happened and how you would like us to help you.

Please continue on a separate sheet if necessary.

*The decision of the Committee will be made as soon as practically possible and communicated direct to the claimant.*

*The Committee's decision is not subject to appeal or justification as it will always be dependent upon availability of funds, volume of claims at any one time as well as the merits or otherwise of the claim.*

*I declare that all questions on this form have been fully and truthfully answered to the best of my knowledge.*

Applicants Signature: .....

Date: .....

Please return completed form to:

**Paula Larwill  
POA Welfare Fund  
245 Church Street  
Edmonton  
London N9 9HW**

## BRANCH SUPPORTING AUTHORITY

My branch is aware of my claim and may be contacted to discuss the details of my claim.

Signature: .....

Date: .....

<b>NAME OF SUPPORTING BRANCH</b>	
<b>NAME OF SUPPORTING MEMBER(S)</b>	
<b>ADDRESS OF BRANCH</b>	
<b>SIGNATURE OF SUPPORTING BRANCH MEMBER</b>	
<b>DATE</b>	

### DIRECT CLAIMS

In the event that a claim is being made direct to the POA Welfare Fund Committee without the support or knowledge of the branch, the Committee reserve the right to discuss the claim with any member of the claimant's branch. Every effort will be made to preserve confidentiality and direct contact will only be made to verify authenticity and merit of claim.

Agreement of Claimant .....

Signature .....

Date .....

# POA

The Professional Trades Union for Prison, Correctional  
and Secure Psychiatric Workers

## DATA PROTECTION ACT

The 1998 Data Protection Act defines your rights as an individual in relation to the information held about you and how it may be used.

The most important reason for holding the information that you have given us, is to process your application for assistance. The POA needs to keep your data on a computer and in paper files for this purpose. In some circumstances the Fund may need to share this information with third parties, but only in connection with your application, for example another charity, where an offer may be jointly shared. The information may be updated by yourself, or by a third party working on your behalf, such as a Welfare Officer.

We may also use some of the information for accounting, audit, statistical or research purposes (e.g. to make sure the Fund is offering the right sort of services), but only internally within the Fund. We will not disclose any of your information outside the Fund other than as mentioned above, unless we are legally obliged to do so, or unless you have given us your prior consent.

We undertake to keep your information strictly confidential and to do everything we can to prevent the information being used in any unauthorised or unlawful way.

With respect to the more sensitive data, e.g. health issues, which we may hold, we need your explicit consent to do so. Please sign this form to agree to us using your data as explained above. We need your signature in order to process your application.

You also have the right to request a copy of the information we hold about you. We will provide all of this data except any that refers to another person. The Fund reserves the right to make a charge for this service.

If you have any queries about the use we make of your data, please contact us on **020 8803 0255**.

I agree to the above use of my data. Signed: .....

**Please sign and return this form with your application form.**