

LEDBURY RFC PLAYER WELFARE FUND

Guidance Notes to making an Application for a Welfare Fund grant

Your personal financial information may influence any decisions on prioritising monies, but will not be the sole deciding factor as each individual's needs are different. Further information may be requested.

Guidance notes:

1. Please supply as much detail as possible to support your application so we can best meet your needs. If required information is missing, the form may have to be returned for completion, delaying any Funding decisions.
2. Grants are subject to the Fund holding sufficient funds.
3. Applicant must be a fully paid-up member of Ledbury Rugby Football Club
4. Please apply for a grant before items are ordered or purchased as we cannot guarantee any Funding and you may be left out of pocket if expenditure has been committed.
5. Please give as much relevant information on why this grant will meet your needs.
6. Please supply supporting medical evidence where appropriate.

LEDBURY RUGBY FOOTBALL CLUB - PLAYER WELFARE Fund GRANT APPLICATION

At all times the applicant is responsible for any tax implications on receipt of a grant from the Fund. LRFC Ltd accepts no liability for any additional tax charges due to the applicant on receipt of any welfare grant.

PART A - Applicant Details	
1. Full name of applicant	
2. Address (to include postcode)	
3. Telephone number	
4. Date of birth	
5. E-mail address	
6. Name of applicant's parent or guardian (if the applicant is under 18)	
7. Address for applicant's parent or guardian (if the applicant is under 18)	
8. If you are making an application on behalf of someone else, please state: <ul style="list-style-type: none"> (i) Your name: (ii) Your relationship to the injured applicant: (iii) That you have their agreement/the authority to make this application on their behalf 	Signed.....

PART B – THE APPLICATION – see Guidance Notes attached

1. What is the purpose for which the grant will be used, please include the following (in no more than 100 words):
 - Details of injury
 - Match or training session at which injury sustained
 - Date of injury
 - Nature of injury to include length of time you have been advised you will be out of work/out of education

2. What is your pressing financial need following your injury? Please tell us below how you consider you will benefit from the grant should your application be successful.

3. Please advise of any timescales that the Trustees should be made aware of:

4. Any other details which support your application (include any supporting medical information):

PART C – FINANCIAL INFORMATION

1. Please advise of the amount that is requested by way of grant:

£

2. Has the Applicant previously made an application to LRFC Player Welfare Fund? If so, please provide full details:

3. Please supply bank details to allow prompt payment via BACS if this application is successful:

Account name:

Sort Code:

Account number:

4. Nature of employment. Are you employed or self-employed? Please give details:

5. Will you receive Statutory Sick Pay or any other form of benefit?

If yes, please advise amounts to be received:

Please provide copies of the following information:

- any additional information for e.g. quotations and any supporting information such as medical reports, testimonials or other supporting evidence;

- written confirmation from the Club that the applicant is a paid up member.

Application forms and supporting information to be submitted to the Fund Trustees via email to honsec@ledburyrfc.co.uk

Print full name:.....

Signed.....

Date.....

Signature of parent/legal guardian if individual is under 18 years of age.

Print full name:.....

Signed.....

Date.....