



**BRITISH TRANSPORT POLICE FEDERATION**

**WELFARE FUND COMMITTEE**

Application for Assistance

**NAME OF APPLICANT** .....

**AREA** ..... **REFERENCE** .....

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**THIS SECTION IS FOR OFFICE USE ONLY**

**DATE OF MEETING** .....

**RESULT**

.....  
.....  
.....  
.....  
.....  
.....  
.....

**FOR REVIEW ON** .....

**NOTES:**

1. Pages 2 & 3 to be completed by the Applicant and forwarded to the Area Welfare Delegate.
2. Page 4 to be completed by the Area Welfare Delegate

I hereby apply for assistance from the British Transport Police Federation and declare that the particulars given below are full and true in every respect.

Name of Applicant (in full) MR / MRS / MISS .....

Postal Address .....

..... Telephone .....

Date of Birth .....

\* Widow of ..... Employed at .....

In the rank of ..... \*Date retired .....

**\* DELETE IF NOT APPLICABLE**

**Part A. Income Particulars of any income to be shown**

	SELF	PARTNER
1. State Pension (per week)	.....	.....
2. Police Pension	.....	.....
3. Wages if working or in business (per week)	.....	.....
4. Salary if a serving officer	.....	.....
5. Income from property	.....	.....
6. Interest on Savings / Investments shown	.....	.....
7. Rent / Council Tax	.....	.....
8. Any other Income	.....	.....

**Part B. Capital**

	SELF	PARTNER
1. Total value of any savings or investments other than National Savings Certificates	.....	.....
2. Total value of any National Savings Certificates	.....	.....

**Part C Expenditure**

If you are a householder please complete the following:

1. Amount of Rent -----(annual) Amount of Council Tax----- (annual)
  2. Mortgage Repayments (if any) -----
  3. Any other charges (to be described, e.g Water rates, Ground Rent)-----  
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  4. Details of any other expenditure -----
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**Part D General**

**1. Particulars of Dependants:-**

<b>Relationship</b>	<b>Age</b>	<b>Earnings (if any) or other income</b>	<b>Does Dependant reside with you</b>
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**2. Particulars of any other residents and amount contributed to the household -----**  
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**3. Have you had at any time made application for Supplementary Pension or Allowance to the Department of Works and Pensions**

**4. If YES, with what result-----**

**5. Any special features of your circumstances should be briefly stated**

(e.g. illness, special expenses, etc) -----

**Date ----- Signature-----**

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**INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE BY THE COMMITTEE.**

**Note – All questions must be answered – please insert the word NONE where applicable.**

**Comments and Recommendations by the Area Delegate**

**Signed**-----

**Date**-----

**Area**-----

**Contact Telephone Number**-----