

The Furnishing Trades Benevolent Association
 4th Floor, Furniture Makers' Hall, 12 Austin Friars, London EC2N 2HE
 Tele: 0207 256 5964 - Fax: 0207 256 6035
 Email: welfare@ftba.co.uk Website: www.ftba.co.uk
 Registered Charity No. 1015519

CONFIDENTIAL (When completed)
APPLICATION FOR ASSISTANCE & MEDICAL CERTIFICATE
 Downloaded from FTBA Website
 (Please complete all sections fully)

In order for the FTBA to process your application. We now request that you provide the FTBA with proof of your employment with the UK Furnishing Industry. Please see page 4 of the application form for further information. Remember the more information that you provide the FTBA the easier it will be for the Grants & Welfare Committee to make a decision on your application. Please complete this form in Block Capital Letters and in full.

First Names		Surname	
Address:			
Postcode			
Telephone Number:			
Email Address:			
Date of Birth		Age	
Marital Status			
Do you suffer from a permanent disability? Please give details			
Employment History From School Age to Date or to Retirement Age (Please list employment dates all employers, full postal addresses including towns, and nature of business that you have employed with). This section must be complete in full.			

Employment Continued.

In what capacity were/are you employed?

Total number of years employed in the Furnishing Trade:

Where was your partner employed/are they still working?

Please provide dates etc/role they were employed

Are you currently registered with the FTBA? (if so please give Registration Number)

Have you ever subscribed or contributed to the FTBA?

Do you have a carer?

If so please provide details.

Have you had a respite break in the last two years?

If so please provide details.

Have you been in the Services if Yes please provide details.

How did you hear about the FTBA?

PRIVATE & CONFIDENTIAL

APPLICATION FOR RESPITE HOLIDAY

MEDICAL CERTIFICATE
To be completed by a Medical Officer

Certified thatwho has this day been
examined by me and came under my care on (date).....
suffering from
.....

*He/She was released from inpatient hospital treatment on(date)

*He/she would benefit from a period of respite (1 week's RESPITE BREAK/HOLIDAY) or
unsupervised convalescence.

He/she is able/unable to look after him/herself. (*Delete as necessary).

Signed.....

BLOCK CAPITALS

ADDRESS (in block capitals)

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

Date.....*Telephone No:*

The Furniture Trades Benevolent Association is a Registered Charity committed to
improving the independence, health and mobility of those who have worked in the
furnishing industry and is grateful for your co-operation in completing this certificate.

Any alteration should be initialled by the Doctor signing the Certificate.

How did you hear about the FTBA:	
Is this your first application for a respite break	Yes/No
If No please provide details:	
Brief description of current circumstances - Why are you apply for the grant that you need. Please do not leave this box black.	

Please ensure that you give particulars of all the **circumstances** that make this application necessary, and, if owing to either permanent or temporary illness or disability, give details and state any additional expenditure that you have incurred. Please do not just tick the relevant box below. The more you fully describe your current circumstances the easier it will be in presenting your case to the Board of the FTBA, and of course the better the chance of your application being successful.

I wish to apply for:	
A period of respite (1 week's UK holiday) or unsupervised convalescence in the UK. (Please include any respite/convalescence booking details).<u>Please note the FTBA will not pay for the respite break if its already paid for.</u>	Yes/ No
Where do you intend to stay?	
How much is the respite break £	

To the best of my knowledge and belief, I the undersign, declare that the particulars given are true and accurate statement of my current circumstances.

Signed:

Date:

If a third party had completed this form, please state relationship to application.

Signed:

Relationship:

Date:

AUTHORISATION AND DATA PROTECTION ACT
Please read this section very carefully

In order for FTBA to be able to process your application, It has been necessary for us to ask you for personal information, such as health, finance and background. The Data Protection Act is in place to make sure that organisations do not misuse such information. To comply with the Act, FTBA needs to have your explicit consent to hold such information, either in manual or computer files.

Please be assured that your details will not be used for marketing purposes. The information is treated as strictly confidential and is made available to appropriate personnel with FTBA, and in particular the Benefits Department of FTBA and the FTBA Benefits Committee. The information will only be used in connection with your application for assistance.

PLEASE READ AND TICK THE RELEVANT BOXES

- 1) I have enclosed proof of my employment with the UK Furnishing Industry (Photocopies will be taken by the FTBA and the originals returned back).

Yes No

- 2) I authorise the FTBA - Furnishing Trades Benevolent Association to contact my past/present employers within the UK Furnishing Industry to confirm my employment.

Yes No

If you can't provide relevant information on your employment with the UK Furnishing Industry please request a HM REVENUE & CUSTOMS REQUEST HARDSHIP FORM

Yes

- 3) I authorise the FTBA - Furnishing Trades Benevolent Association to Approach other charities on my behalf

Yes No

- 4) I authorise my GP to give information required by the FTBA In order to facilitate my request for assistance

Yes No

- 5) I authorise FTBA - Furnishing Trades Benevolent Association to contact my social worker or sponsor in order to facilitate my request for assistance

Yes No

- 6) I agree that FTBA may hold and process personal data (including sensitive personal data) about me in its manual and computer files. I understand I may update or modify the information at any time.

The FTBA may wish to use you case for publicity purposes. If so names will be changed to protect your identity.

Signed.....

Date.....