



Boots Benevolent Fund – Application Form

Fill in the form as best as you can. If you struggle please complete what you can or give us a call so we can talk you through. Our contact details are at the bottom of the form.

Section 1 - You and Your Application – Tell us why you are applying to the Fund

Life works only

Life Works Case Reference
Number:

Date Received by
LifeWorks:

Life Works Consultant

Name

Current/Former?

Current Employee - please provide Staff Number

Former Employee - please provide either Staff Number / Pension Number / National
Insurance number

Reason assistance is required. What within the Charity Criteria are you applying for help with?

See "Charity Criteria" document if you are not sure what this is. (Please provide as much detail as possible)

Section 2 – Income and Spend

To assess your application we need to know the complete households income and spend information.

Record all income as monthly figures			
Income (Monthly)	Applicant	Spouse	Total (Combined)
Take Home Pay (net)	£	£	£ -
Child Maintenance	£	£	£ -
Pension(s)	£	£	£ -
Benefits (please state which)			£ -
	£	£	
	£	£	
Company/Statutory Sick Pay	£	£	£ -
Other Income – e.g. from family or charity	£	£	£ -
Total Income	£ -	£ -	£0

Record all spend as monthly figures				For LifeWorks Use
Spend (Monthly)	Applicant	Spouse	Total (Combined)	
Rent/Ground Rent/ Mortgage	£	£	£ -	
Water	£	£	£ -	
Gas/Electric/Oil	£	£	£ -	
Council Tax	£	£	£ -	
Vehicle & Travel Costs (incl insurance, road tax, servicing, fuel, parking, public transport)	£	£	£ -	
Telephone incl Mobile(s)	£	£	£ -	
TV Package/TV License/Broadband/Line Rental	£	£	£ -	
Healthcare incl prescription's/optics/dental	£	£	£ -	
Child Maintenance	£	£	£ -	
Insurance (e.g. building/contents/health)	£	£	£ -	
Childcare	£	£	£ -	
Clothing & Footwear	£	£	£ -	
Smoking	£	£	£ -	
Food and Household (including school meals and work meals)	£	£	£ -	
Other e.g. pet costs, leisure, hairdressing, credit cards, hire purchase, loans etc. Please state which.	£	£	£ -	
	£	£		
	£	£		
	£	£		
Total Spend	£ -	£ -	£0	

Total Income (Combined)	£ -	If there is money left over at the end of the month? – What is this used for?
Total Spend (Combined)	£ -	
Total Income less Total Spend	£ -	

Please provide details of anyone that currently lives in your property with you:

Name	Relationship	Age	Do they contribute financially to the household?	Are they dependent on you financially?

Is there anyone who doesn't live with you who is financially dependent on you?

Do you or your partner have any savings/shares/bonds? (tick relevant box)	No	Yes	If so how much in Total?
			£0.00

Arrears – please list all outstanding debts/arrears

Arrears	Outstanding Arrears	What payments are you currently making? (monthly)	Have you requested a payment plan for these arrears?
Rent Arrears	£	£	
Gas/Electric Arrears	£	£	
Council Tax Arrears	£	£	
Water Arrears	£	£	
Total	£ -	£ -	

Do you have any other arrears/debts?* - Other debts may include loans, credit cards, overdraft, car finance, hire purchase contracts, phone bills etc. If yes then please state which:

*As these are outside of the Charity Criteria please speak to LifeWorks about other support available.

IMPORTANT - If you haven't contacted your creditors to request an affordable payment plan please contact them prior to application. Please tick this box to confirm you have done this.

ACCOUNT HOLDERS PERMISSION - for any arrears that you are requesting help with, please ensure the Fund has permission to speak to them directly to confirm up to date arrears amounts and to arrange payment (if applicable). This is usually just a phone call to the company to state that you are happy for them to discuss your arrears with the Boots Benevolent Fund. Please tick this box to confirm you have done this:

Section 3 – What happens next?

We will contact you to discuss your application. If we cannot contact you within 14 days your application will be closed. Your application is confidential. We will only contact your line manager if you give permission (current colleagues only).

Home Address:	<input type="text"/>		
Phone Number:	<input type="text"/>	Email Address	<input type="text"/>
Best time(s)/method to contact you:	<input type="text"/>		

Current Colleagues only			
Permission to contact Line Manager:	<input type="checkbox"/>	Line Manager name	<input type="text"/>
Line Manager email	<input type="text"/>	Line Manager tel no	<input type="text"/>
Best time(s)/method to contact Line Manager:	<input type="text"/>		

Section 4 – Checks and Declaration

Check that you have included relevant documents with your application, sign it and send it to us.

Please ensure you provide the following supporting documentation with your application.

Bank Statements - Please provide a copy of the last full months bank statement(s) so the Fund is able to verify your monthly spend listed in section 2. e.g. If you are applying in August, please send a bank statement dated 1 July to 31 July. Please note that if you have more than one bank account we will need to see statements for those as well for the same time period. If any of the accounts are joint accounts please ensure you have permission from the other account holder to send us these documents. By signing the below declaration you confirm that permission has been obtained.

Former Colleagues – Please provide proof of employment by Boots e.g. a payslip, employment contract, pension statement or tax statement.

Other Supporting Documents - e.g. copies of arrears documents, funeral invoice. Please check the “Charity Criteria” document to ensure you provide the correct supporting documents. If you do not provide the correct support documents your application will be delayed. Please do not send originals as they cannot be returned. Please send the most recent documents you have, ideally dated in the last 30 days.

Signed Declaration:

I give my consent to the sharing of the enclosed information with Lifeworks and selected departments in Boots, to assess my application to the Boots Benevolent Fund and for reporting purposes. I understand that if I am found to be misusing the Fund this will be investigated and disciplinary action may be taken. Whilst my application is being processed I agree to continue to abide by the Boots Code of Conduct. Access to the Fund may be withdrawn without notice at the discretion of the Boots Benevolent Fund, if my conduct falls below the required standards. Checks will be made to verify the data provided is accurate.

Print name:

Signature:

Date:

To help spread the word about the Boots Benevolent Fund we may wish to use your story in our promotional material. Your name and any identifying details will be changed to protect your confidentiality. If you would prefer for us **not** to use your details in this way please put a X in the box

How did you hear about the Boots Benevolent Fund?

Benevolent Fund Contact Details:

Full address: Freepost CASS TEAM

Phone numbers:

Stores:
0115 918 2000

Opticians:
0115 918 1920

Support Office:
0115 959 2222

Former Colleague:
+44 (0)844 241 2590

Email: bbf@boots.co.uk

Fax: 01158 472385

PLEASE SEND YOUR COMPLETED APPLICATION FORM TO: FREEPOST CASS TEAM

We aim to give you a decision on your application within 14 days of receiving your correctly completed application form. However in some cases this may take longer.