bp Helios Fund
Grant Application Form

- The bp Helios Fund exists to provide financial support to current and former bp employees and their dependents (excluding people who are or were employed by bp Express Shopping) who are in circumstances of financial hardship and are struggling to meet the basic costs of living.
- If you are a current or former bp employee of bp Express Shopping, you may wish to apply to the Retail Trust for support. Further information about grants from the Retail Trust is available here: **www.retailtrust.org.uk/financial-aid/associate-support-fund/bp**
- **IMPORTANT: to ensure that bp Helios Fund can support as many people as possible each year, the Trustees will not approve more than one grant request per household within a 12-month period. If you have already received a grant within the last 12 months, please wait until at least 12 months from the date you received your grant before applying again.**
- We can help with a wide range of support and services but **cannot support income or help with ongoing costs**, such as care home bills and other recurring costs.
- Where the NHS does not provide prompt, full, free care (such as dentistry), it is possible that the bp Helios Fund could help you with medical bills.
- The types of things the bp Helios Fund can support with include (not a definitive list):
  - mobility scooters
  - car repairs
  - household repairs
  - ramps, stairlifts or items that enable greater access or mobility around the house
  - cash payment in event of severe financial hardship.
- Please note that there is **no guarantee that your application will be successful** even if you are applying for support with something listed above. The Trustees are unable to provide reasons for individual funding decisions, due to the volume and complexity of applications received. The bp Helios Fund has a finite pot of funding available each year, and the Trustees cannot approve every application. The Trustees consider several factors in reaching their decisions.

General Guidance Notes

- Please complete this form in **BLOCK CAPITALS**.
- Ensure that you sign and date the form **before** sending it to us.
- These guidance notes are intended to assist you with filling out the form. However, if you have any questions at all please contact us for support on **0300 131 9117**.
- **Please note that if you do not provide all information required, we will need to liaise with you for the missing information, and this will delay the processing of your application.**
- Please submit your completed, signed and dated application form, along with copies of your supporting documents, using one of the following methods:

BY EMAIL: bpheliosfund@birketts.co.uk

BY POST: bp Helios Fund
c/o Charity Administration Team
Birketts LLP
Providence House
141-145 Princes Street
Ipswich
IP1 1QJ

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IMPORTANT: If you have received a grant from bp Helios Fund within the last 12 months, your application will not be successful. Please wait until at least 12 months from the date you received your grant before applying again.

Please refer to the Guidance Notes when completing this Application Form. The Guidance Notes include important guidance and information about the information we need from you to assess your application.

Please note that if you do not provide all information required, we will need to liaise with you for the missing information, and this will delay the processing of your application.

Section 1 – Applicant's details

Title:	
First name:	
Middle name(s):	
Surname:	
Full address:	
County:	
Postcode:	
Email address (optional):	
Phone number (optional):	
Preferred communication method:	☐ Post ☐ Email ☐ Phone

PLEASE ENCLOSE copies of the following documents (see guidance notes):

- ***Proof of address***
- ***(if applicable) Evidence of Power of Attorney***

☐ **Please note:** if you would like us to correspond with someone other than the Applicant in relation to this application, please tick this box and provide us with their name and contact details (you can write their details in the space below).

Section 2 – Applicant's association with bp

What is the Applicant's status?	☐ **1.** Current bp employee ☐ **2.** Former bp employee in receipt of a bp pension ☐ **3.** Former bp employee with deferred bp pension ☐ **4.** Former bp employee without a bp pension entitlement ☐ **5.** Dependant of deceased bp employee

PLEASE ENCLOSE evidence of your association with bp (see guidance notes).

Section 3 – about the Applicant's household

Who owns the property in which the Applicant resides?		
If the Applicant does not own the property in which they reside, what is their living situation?	☐ Applicant lives with a family member ☐ Applicant rents the property in which they reside ☐ Applicant resides in a care home or supported living ☐ Other (please provide details):	
If the Applicant's home is rented, what is the extent of the Applicant's repairing obligations under the terms of their lease?		
Spouse or partner	☐ Yes ☐ No	
Children (0-18 years)	☐ Yes ☐ No	If yes, how many?
Other dependants who live with you or rely on you financially	☐ Yes ☐ No	If yes, please describe the number of dependents and a brief description of their circumstances.
Is there anything you would like to tell us about the Applicant's household and circumstances which you think is relevant to this application?		

Section 4 – grant request

Do you wish to apply for a grant to help you fund something specific or do you wish to apply for a financial hardship grant? (Tick only one box)

☐ Financial hardship grant

OR

☐ A specific grant amount for the following purpose:

Item requested	Cost
	£

Please provide us with a brief summary of your circumstances and the reason for your grant request. Please provide information about any circumstances of particular hardship or difficulty.

Section 4 – grant request

If you are applying for a mobility-related grant, do you already have an assessment report from an Occupational Therapist? **If so, please provide their name and contact details.**	
If you are applying for a grant to pay for goods or services, have you obtained quotes from at least two contractors? **If so, please provide their names, websites and contact details.**	
Do you have any preference as to the provider of the goods or services?	☐ No ☐ Contractor 1 ☐ Contractor 2
If you are applying for a grant to pay for medical, dental or funeral costs, have you obtained a quote? **If so, please provide details of the doctor, dentist or funeral home (as applicable), and their contact details.**	

Please enclose the following documents, if relevant (see guidance notes):

- ***Occupational Therapist Assessment Report***
- ***Quote from Contractor 1***
- ***Quote from Contractor 2***
- ***Household repair photographic evidence***

Section 5 – Applicant's income

Type of income source	**Name of income source** *e.g. bp*	**Amount you receive**	**How often received** *e.g. weekly, monthly or annually*
Employment 1		£	
Employment 2		£	
bp pension		£	
State pension		£	
Other pension 1		£	
Other pension 2		£	
Interest from savings account (including cash ISAs)		£	
Income from investments in stocks and shares		£	
Rent income from investment properties		£	
Rent income from renters / lodgers		£	
State disability benefits		£	
Other State benefits		£	
Other 1		£	
Other 2		£	

PLEASE ENCLOSE 3 months' bank statements to evidence all declared income (see guidance notes).

Section 6 – spouse / partner's income (if applicable)

Type of income source	**Name of income source** *e.g. bp*	**Amount your spouse / partner receives**	**How often received** *e.g. weekly, monthly or annually*
Employment 1		£	
Employment 2		£	
bp pension		£	
State pension		£	
Other pension 1		£	
Other pension 2		£	
Interest from savings account (including cash ISAs)		£	
Income from investments in stocks and shares		£	
Rent income from investment properties		£	
Rent income from renters / lodgers		£	
State disability benefits		£	
Other State benefits		£	
Other 1		£	
Other 2		£	

PLEASE ENCLOSE 3 months' bank statements to evidence all declared income (see guidance notes).

Section 7 – savings and debts (Applicant + spouse/partner)

Total amount of money in savings accounts:	£
Total amount of money in ISAs:	£
Total amount of money in premium bonds:	£
Total value of any investments in stocks and shares:	£
Total value of any other investment assets including investment properties (excluding the property you live in, if you own it):	£
Total amount of all of your current debts:	£
Please provide any relevant details about your debts here:	

Section 8 – declaration

I confirm that the details provided on this application form are (to the best of my knowledge and belief) true, complete, accurate and not misleading.

The Applicant MUST sign below unless the form has been completed by the Applicant's Power of Attorney for the applicant, in which case we do not require the Applicant's signature and only require the signature of the person acting under Power of Attorney.

Signature of Applicant: ..... **OR** Signature under Power of Attorney: .....

Date of signature: .....

We will process your personal data in accordance with our Privacy Policy, which is available on our website: **www.bpheliosfund.co.uk**

PLEASE ENSURE THAT THIS APPLICATION FORM IS SIGNED AND DATED BEFORE SENDING.

PLEASE SUBMIT YOUR APPLICATION TOGETHER WITH ALL SUPPORTING EVIDENCE (SEE CHECKLIST) BY POST OR EMAIL AS FOLLOWS:

- **BY EMAIL:** bpheliosfund@birketts.co.uk
- **BY POST:** bp Helios Fund
  c/o Charity Administration Team
  Birketts LLP
  Providence House
  141-145 Princes Street
  Ipswich
  IP1 1QJ