



bp Helios Fund Grant Application Form

BP HELIOS FUND
GRANT APPLICATION FORM

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:	<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> 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?	<input type="checkbox"/> 1. Current bp employee <input type="checkbox"/> 2. Dependant of current bp employee <input type="checkbox"/> 3. Former bp employee in receipt of a bp pension <input type="checkbox"/> 4. Dependant of former bp employee in receipt of a bp pension <input type="checkbox"/> 5. Former bp employee with deferred bp pension <input type="checkbox"/> 6. Dependant of former bp employee with deferred bp pension <input type="checkbox"/> 7. Former bp employee without a bp pension entitlement <input type="checkbox"/> 8. Dependant of former bp employee without a bp pension entitlement
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PLEASE ENCLOSE evidence of your association with bp (see guidance notes).

SECTION 3 – ABOUT THE APPLICANT’S HOUSEHOLD

Spouse or partner	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
Other dependents	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
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

Item requested	Cost
	£
	£
	£
	£
Please provide us with a brief summary of your circumstances and the reason for your grant request.	

SECTION 4 – GRANT REQUEST

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

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 <i>e.g. bp</i>	Amount you receive	How often received <i>e.g. weekly, monthly or annually</i>
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 <i>e.g. bp</i>	Amount your spouse / partner receives	How often received <i>e.g. weekly, monthly or annually</i>
Employment 1		£	
Employment 2		£	
bp pension		£	
State pension		£	
Other pension 1		£	
Other pension 2		£	
Savings account (including cash ISAs)		£	
Investments in stocks and shares		£	
Investment properties		£	
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 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
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