

BP HELIOS FUND GRANT APPLICATION FORM

- The bp Helios Fund exists to provide financial support to former bp employees and their dependents who are in circumstances of financial hardship and are struggling to meet the basic costs of living.
- 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.

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 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

GUIDANCE NOTES

HOW TO COMPLETE THIS APPLICATION FORM

SECTION 1 GUIDANCE

- You must send us the following documents so that we can verify your identity:

Evidence required	Guidance notes
Proof of address	ONE OF THE FOLLOWING: <ul style="list-style-type: none">Bank statementUtility bill (i.e. gas, water or electricity)Correspondence from HM Revenue & Customs MUST not be more than three months old and must show your name and residential address.
Evidence of Power of Attorney	This is ONLY required if you are completing this application form on behalf of the Applicant under active Power of Attorney.

- Please enclose **copies** of the above documents when you submit your application. **DO NOT** send originals, as we cannot guarantee that these will be returned to you.

SECTION 2 GUIDANCE

- You must send us documents that provide evidence of your association with bp:

Status number from adjacent list	Acceptable evidence
Status 1 or 2:	No additional evidence required if you are in receipt of a salary or other payments from bp, in which case we will verify your status from your bank statements (see section 5); in all other cases please enclose a letter from bp HR to confirm your employed status.
Status 3 or 4:	No additional evidence required; we will verify your status from your bank statements (see section 5).
Status 5 or 6:	A copy of your last annual bp pension statement (available on pensionline)
Status 7 or 8:	A copy of a bp P60 or P45 or payslip or any other evidence you have for you or your relative (if you are a dependant) showing that they worked for bp.

SECTION 3 GUIDANCE

- Please complete the table to tell us who lives in the Applicant's house.
- There is space at the bottom of this section for you to tell us anything about the Applicant's household that you think is relevant to your application. Examples of additional information you might wish to tell us about:
 - Disabled dependents
 - Care costs

SECTION 4 GUIDANCE

- Please complete the following table to tell us why you are applying for a grant and how much you are requesting. Include **each item requested on a separate line**.
- Examples of grants that we have previously approved are listed below:
 - Stairlift
 - Accessible bathroom
 - Other accessibility equipment / household adaptations
 - Mobility scooter
 - Wheelchair
 - Lift/recliner chair or bed
 - New boiler or other heating equipment
 - New white goods
 - New household furniture item(s)
 - Household repairs
 - Double glazing – windows and/or doors
 - Medical treatment or dental costs (not covered by NHS)
 - Other medical costs where NHS provision is limited or long waiting times for treatment
 - Funeral costs

SECTION 4 GUIDANCE CONTINUED

Occupational Therapist assessments

- For any **mobility-related** grants we need you to be assessed by an Occupational Therapist to ensure that the items requested are suitable and appropriate for your needs.
- **If you already have a Report from an Occupational Therapist**, please provide details of the Occupational Therapist who completed your assessment and enclose a copy of their Report when you submit your application.
- **If you do not yet have a Report from an Occupational Therapist**, write “No” in response to the question and we will help you to arrange one once we have checked and confirmed that you are eligible to apply for a grant.
- You can find an Occupational Therapist local to you, using the Royal College of Occupational Therapists website: **<https://www.rcot.co.uk/about-occupational-therapy/find-occupational-therapist>**

Quotes from contractors

- If you are applying for a grant so that you can pay for one or more items or services, you need to get quotes from **at least two contractors**. Please provide us with their names, websites and contact details and enclose copies of the quotes when you submit your application.
- Where work is to be done by a contractor it is important that the contractor is able to do a good job. Please ensure that all preferred contractors are members of appropriate trade associations and, ideally, they should be VAT registered.
- We will NOT approve any requests for relatives to complete the work for you. An independent and professional contractor must be used.
- We reserve the right to carry out checks on any proposed contractors and to require an alternative contractor to be used as a condition of any grant awarded.

Quote from doctor / dentist / funeral home

- If you are applying for a grant to pay for medical, dental or funeral costs, you **only need to get one quote**. Please provide us with the name of your doctor / dentist / funeral home (as applicable) and their contact details. Please also enclose a copy of their quote when you submit your application.

Household repairs

- If you are applying for a grant to pay for household repairs, you **must** send us photographic evidence of the issue and any additional damage caused as a result. Please enclose photographs when you submit your application.

SECTION 5 GUIDANCE

Completing the table

- Please complete the relevant boxes of the table to tell us about **the Applicant's regular income**.
- Please leave any boxes where you do not receive income blank.

Evidence of income

- We need you to send us **3 complete, unedited, consecutive months' bank statements** for every bank account into which you receive income.
- Please enclose **copies** of your bank statements when you submit your application. DO NOT send originals, as we cannot guarantee that these will be returned to you.

SECTION 6 GUIDANCE

Completing the table

- **ONLY COMPLETE THIS SECTION IF THE APPLICANT HAS A SPOUSE / PARTNER.**
- Please complete the relevant boxes of the table to tell us about **the Applicant's spouse/partner's regular income.**
- Please leave any boxes where you do not receive income blank.

Evidence of income

- We need you to send us **3 complete, unedited, consecutive months' bank statements** for every bank account into which the Applicant's spouse/partner receives income.
- Please enclose **copies** of your bank statements when you submit your application. DO NOT send originals, as we cannot guarantee that these will be returned to you.

SECTION 7 GUIDANCE

- Please complete the table to tell us about the savings and debts of the Applicant and (if applicable) their spouse/partner.
- In this section, we want to know about the total amount of savings held; not the income from your savings (all income should be included in section 6).
- Please leave blank any boxes that are not relevant to you.

DEBTS: guidance on information to be provided

We **only** require details of the following debts:

- Monies owing on CREDIT CARDS
- OVERDRAWN bank accounts
- Mortgages that are IN ARREARS – please provide details of the arrears
- Car loans that are IN ARREARS – please provide details of the arrears
- UNPAID AND OVERDUE utility bills

CHECKLIST:

Have you enclosed all applicable documents in support of your application?

- Applicant's proof of address:** *Bank statement; utility bill (i.e. gas, water or electricity); or correspondence from HM Revenue & Customs (not more than three months old and must show your residential address)*

- If applicable, evidence of action Power of Attorney:** *Only required if you are applying as Power of Attorney for an Applicant*

- Evidence of Applicant's association with bp:** *Copy of recent P60, payslip, last annual bp pension statement (available on pensionline), P45 or any other evidence.*

- If applicable, Occupational Therapist Assessment Report:** *Only relevant if you are applying for one or more mobility-related items*

- If applicable, quotes from two contractors:** *If you are applying for a grant to pay for goods or services, we require at least two quotes from contractors who will carry out the work*

- If applicable, quote from doctor / dentist / funeral home:** *If you are applying for a grant to pay for medical, dental or funeral costs, we require a quote from your doctor / dentist / funeral home (as applicable)*

- If applicable, household repair photographic evidence:** *If you are applying for a grant relating to household repairs, we require photographs to evidence the issue and any additional damage caused as a result*

- Applicant's last 3 months bank statements:** *For all grant applications, we require 3 complete, unedited, consecutive months bank statements in respect of all current accounts into which the Applicant receives income*

- If applicable, the Applicant's spouse/partner's last 3 months bank statements:** *For all grant applications, we require 3 complete, unedited, consecutive months bank statements in respect of all current accounts into which the Applicant's spouse/partner receives income (if applicable)*