**AOP logo.jpg**

**BENEVOLENT FUND OF THE COLLEGE OF OPTOMETRISTS AND THE ASSOCIATION OF OPTOMETRISTS**

55 Colchester Road, White Colne, Colchester CO6 2PW

e-mail: [admin@opticalbenfund.com](mailto:admin@opticalbenfund.com)

Tel: 01787 223800

Website: www.opticalbenfund.com

### APPLICATION FOR ASSISTANCE

**Who is eligible?**

If you are an optometrist, a widow or widower of a optometrist or a retired optometrist and either you or your partner have been registered as a optometrist with the General Optical Council you are eligible to apply for assistance. We can also help any member of your family who is dependent on you for financial support. Pre-registration trainees are also eligible to apply for support.

**Assessment of financial circumstances**

Grants applications are assessed on a case by case basis and on the level of income against the level of essential outgoings. Your income needn’t be exceptionally low to apply, however there needs to be evidence of hardship or potential hardship. All savings are taken into account for one off or short term fixed term grants and some savings will be disregarded if you are awarded a regular grant. We may suggest that you are referred to our specialist debt adviser for help with managing debts or budgeting advice (see question 12). **Please note** we are unable to help with debts to family members and friends.

**What can grants be given for?**

Grants are given to cover a range of circumstances. Below, we give some examples of situations in which we can help but the list is not prescriptive and we will consider any specific need you have.

Grants may be given as a one-off amount or on a fixed term basis, for example, a monthly grant for a period of four months. Regular grants are paid on a monthly basis for a year, at which point the grant will be reviewed. Continued grant support will be considered subject to completion of a new application form and provision of all relevant supporting documentation.

**Specific one off items**

Where someone cannot meet a specific one-off cost we may provide assistance, for example, to purchase a washing machine, pay a winter fuel bill, pay for essential car or minor household repairs or cover the cost of the GOC registration fee or return to practice training costs.

**Supporting mental or physical quality of life**

We can provide financial assistance to help someone’s mental or physical quality of life. For example, funding might be given for respite care, for counselling or therapy, for convalescence or home help while recovering from ill health or an accident. Help may also be given to purchase a particular disability aid or adaptation.

**Living on a low income**

For people on a very low income or those who are finding it difficult to make ends meet without getting into debt, we may provide a regular top up grant. For example, we make regular grants to widows/widowers or retired optometrists, or to optometrists of working age who have an illness or disability which prevents them from working, either on a temporary or permanent basis. We will also consider contributions towards care home fees where a financial shortfall is evidenced. Where pre-registration trainees are in financial hardship, perhaps because they are on a low income and have young children to support, we may provide temporary assistance.

##### Any information you give us will be treated in confidence

**Notes on completing the application form**

Please provide as much relevant information as possible as we want to be sure that we are able to assess your needs thoroughly and efficiently.

**Questions 1 - 3** Please complete all the required information about you and your partner’s details including other family members or other people living with you.

**Question 4** Please provide details of any adults living in your household and information about their weekly contributions.

**Question 5** Please explain why you are asking for support and if there is any particular item you need help with. Examples could be a kitchen appliance, mobility aid, essential furniture.

**Question 6** Please provide details of any savings, capital, assets and valuables that you have. These will be taken into consideration and will be assessed according to your circumstances and needs at the time of the application.

**Question 7** Please provide information here of any debts you have. Please give the amount of money owed and list any repayments you have agreed to make to the creditor.

**Question 8** The Trustees will expect you to claim any state benefits you are entitled to before you ask for financial assistance. However, if you have claimed benefits but they are taking some while to come through, the Trustees might help you while you are waiting.

**Question 9** Please tell us if there are special considerations that you would like to share with the Trustees.

**Question 10** Please provide details of all monthly income and expenditure for you and your partner. When completing your expenditure details, ensure that you have included all of your outgoings and that the figures are a true reflection of your essential expenses. If you have evidence that the levels are going to change please let us know as we may be able to take this into consideration.

**Question 11** Please let us know why you need a grant. You may find it helpful to look at the examples provided in part one of this sheet but these are not an exhaustive list and we aim to be flexible when considering requests. The more information you can provide on your situation the more helpful it is for us when assessing your application. We appreciate the information is personal and may be sensitive so please be assured that all applications are treated confidentially.

**Question 12** If you are satisfied that you have provided a true and accurate account of your circumstances to the best of your knowledge, please sign and date the form and return it to our office address. Please also indicate whether you consent to the Benevolent Fund approaching other organisations/sharing your details in confidence to seek help, for example, specialist advice in benefits entitlement or make enquiries on your behalf, for example, to identify other funding sources.

**Documentary evidence of income and expenditure.**

We will need relevant documentary evidence of your income and expenditure. This **must** include a minimum of the last 3 month’s statements for any bank accounts held by you and/or your partner and should be submitted with your application form. Electronic copies are acceptable. A minimum of 6 months’ statements are required for regular grant renewals.

Other relevant information required, for example:-

* benefits and/or tax credits entitlement
* a recent mortgage/rent statement
* copies of letters from creditors regarding arrears, where you have outstanding debts
* any other relevant documentation, for example, copies of bills

Normally, you will be contacted within 7 working days to confirm receipt of the application form. Failure to provide supporting documentation will delay the assessment of your application.

Photocopies are acceptable but if you send originals we will return them to you recorded delivery once the application assessment has been completed.

1. Last name:

First name:

Title:

Home Address:

Phone (home)

Phone (work)

Mobile:

Email:

Age & Date of birth:

Marital status:

Occupation:

GOC No *(if applicable)*:

Spouse/partner’s name, age and occupation*(if applicable)*:

Where did you hear about the Benevolent Fund?:

#### If you are not a optometrist, please give the full name and address of the optometrist with whom you are connected, their dates of birth, death/divorce etc. and your relationship to them

**3. Applicant’s children(*of any age*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | M/F | Age | Occupation | Where living |
|  |  |  |  |  |
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**4. Your (*or your spouse/partner’s*) Optical Qualifications and dates:**

**Please give details of employment for the last 10 years** *(or 10 years before retirement, if applicable)*

**5. Please explain why you are applying for assistance and if there is any particular support you are requesting**

**6. Assets***(please include your own assets and those of your spouse/partner)*

Do you live in rented accommodation? Yes/No

If so, who is your landlord?

Do you own a property? Yes/No

Please give address, cost, date of purchase, current value, any outstanding mortgage and the number of years left to pay on the property owned by you and/or your spouse/partner:

Do you have a financial interest in any other properties? Yes/No

If Yes, please give details:

What vehicles do you own and their value (if known)?

|  |  |  |
| --- | --- | --- |
| Assets - Please give details | You  £ | Spouse/partner  £ |
| Current accounts |  |  |
|  |  |  |
|  |  |  |
| Deposit / Savings accounts |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Investments and Unit Trusts |  |  |
|  |  |  |
|  |  |  |
| Premium bonds |  |  |
| Endowment / insurance policies &maturity dates |  |  |
|  |  |  |
|  |  |  |
| Any other assets |  |  |
|  |  |  |
|  |  |  |

7. Liabilities(Please include both yours and your spouse/partner’s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bank, HP and finance houses | Date, purpose and length of loan | Original amount | Due monthly | Amount overdue | Balance due |
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| --- | --- | --- | --- |
| Credit and store card companies | Purpose | Latest balance | Minimum payment |
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If you owe any money to anyone else, please give details:

If you are an optometrist and personally responsible for any liabilities of your practice, please give details:

8. Benefits & Other Sources of Help

Have you applied for any of the following, and if so, how much do you receive?

Income support:

Housing benefit:

Other benefits:

Have you applied to any other charities/associations for advice or support?

Do you receive any financial support from any other source (e.g. friends/family)?

Do you have any other business or commercial interests?

9. Is there any other information you would like the Trustees to take into account when they review your circumstances?

10. Income

Please include all sources of income for both you and your partner/spouse, and whether the amount is received weekly, monthly or annually

|  |  |  |  |
| --- | --- | --- | --- |
|  | £ pw | £ pm | £ pa |
| Practice drawings |  |  |  |
|  |  |  |  |
| Salary (net of tax and NI) |  |  |  |
|  |  |  |  |
| NHS pension |  |  |  |
|  |  |  |  |
| OAP (state pension) |  |  |  |
|  |  |  |  |
| Other pensions |  |  |  |
|  |  |  |  |
|  |  |  |  |
| All state benefit payments (please give details) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Child benefit |  |  |  |
|  |  |  |  |
| Maintenance and payments by court order |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Income from property |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Investment income and interest |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| Income from insurance |  |  |  |
|  |  |  |  |
| Payments from other charities |  |  |  |
|  |  |  |  |
| Any other sources of income (give details) |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| Total amount: |  |  |  |

11. Expenditure

Please include all expenditure for your household and whether payments are weekly, monthly or yearly

|  |  |  |  |
| --- | --- | --- | --- |
|  | £pw | £ pm | £ pa |
| Income tax (if self-employed) |  |  |  |
| Mortgage payments |  |  |  |
| Mortgage endowment payments |  |  |  |
| Rent |  |  |  |
| Council tax |  |  |  |
| Water rates |  |  |  |
| Gas |  |  |  |
| Electricity |  |  |  |
| Other household fuel |  |  |  |
| Telephone (landline) |  |  |  |
| Mobile phone |  |  |  |
| Buildings insurance |  |  |  |
| Contents insurance |  |  |  |
| Car insurance |  |  |  |
| Car tax |  |  |  |
| Car service and repairs |  |  |  |
| Petrol |  |  |  |
| Other travel costs |  |  |  |
|  |  |  |  |
| Food and housekeeping expenses |  |  |  |
|  |  |  |  |
| TV hire and licence |  |  |  |
| Bank loans |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Credit card payments |  |  |  |
|  |  |  |  |
|  |  |  |  |
| HP and other loan repayments |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Maintenance and court order payments |  |  |  |
|  |  |  |  |
| GOC/ Indemnity costs |  |  |  |
|  |  |  |  |
| Other essential expenditure (give details) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total amount: |  |  |  |

12. We may also ask for the following information:-

The name and address of your GP:

The names, addresses and relationship to you of two people we may contact to support your application (not family members)

(1)

(2)

13. Permissions and declarations

(a) I give my permission for a representative of the Fund to contact my GP and referees if required.

Signed:

Dated:

(b) I give my permission for the Fund to retain this information for the Fund’s use for as long as necessary in accordance with the 1998 Data Protection Act, and for the Fund’s representative to contact other organisations which may be able to help me.

Signed:

Dated:

(c) I declare that to the best of my knowledge and recollection all the answers and information given by me in all sections of this application are true. I undertake to inform the Fund immediately of any change in my (or my partner/spouse’s) circumstances.

Please note: the Benevolent Fund will take steps to recover any monies that have been granted as a result of a fraudulent claim, or as a result of incorrect information being supplied.

Signed:

Dated:

If you have given information about your spouse or partner on this form, please ask them to sign the following statement

I have read the information given on this form, and I declare that to the best of my knowledge all the answers and information concerning me in this application are true

Signed:

Dated:

Please return pages 3 to 9 to:

The Administrative Secretary

*55 Colchester Road, White Colne, Colchester CO6 2PW*

*Or email to : admin@opticalbenfund.com*

If you have any queries about the form, or need help completing it, please telephone: 01787 223800  
or email: [admin@opticalbenfund.com](mailto:admin@opticalbenfund.com)

**Our Privacy Statement**

**For the Benevolent fund of the College of Optometrists and the Association of Optometrists**

This Privacy Statement outlines the way in which we use and disclose personal data that is provided to us. The Benevolent Fund of the College of Optometrists and the Association of Optometrists (Henceforth referred to as The Charity) recognises that your privacy is very important, so it is important to us that you are confident with the way we handle your personal information.

We fully comply with the General Data Protection Regulations (GDPR) and the Privacy of Electronic Communications Regulations (PECR). Personal Data Personal data includes any data that relates to a living individual who can be identified from that data. This may include an individual’s name, address, telephone numbers and/or email addresses, bank details, and other financial, health and background information.

We collect information about individuals who apply for our support, our beneficiaries, our volunteers, our staff, our trustees, and individuals working for other organisations we partner with.

**How we collect personal data**

The charity receives and stores personal information supplied to us in writing, via email, via the telephone, in person or online when applying, enquiring, or registering for help, employment, trusteeship, or volunteering opportunities, when attending events or donating money to the Charity and when partnering with other organisations to support our aims.

We may also receive personal information from third parties, for example, a welfare officer, charity, agency or organisation who refers you to our service.

**Information we hold**

The information we hold about you includes information provided directly by you (or another person acting for you) when you completed your application form or gave further information to a Benevolent fund Trustee, or person acting on behalf of a Trustee e.g. the Administrative Secretary, during a visit or by any other means of communication Other information that is publicly available may also be recorded e.g. your GOC registration details available from the GOC register.

You should be aware that the information you give will be shared with the 10 current Trustees of the charity. The information the Benevolent Fund holds may include your:

● Name

● Date of birth

● Address

● Gender

● Marital status

● Family members

● Professional qualifications and professional organisation member numbers

● Basic career details

● Property occupier status i.e. whether you own or rent the property you live in

● Personal/household/spouse’s income

● Personal/household/spouse’s outgoings

● Financial assets

● General financial situation which may include your debts, tax liabilities and other relevant details

● Health information

● GP’s name

● Referee details

● Contact details

We keep records of communications made with you – by letter, email, text message or telephone. Basic details may also be shared with the Association of Optometrists and/or College of Optometrists if you wish us to assist you with the paying of professional fees.

**Purpose of using personal data**

The Charity principally collects personal data to provide applicants and beneficiaries with services, products or information. The lawful bases we use to process this data are ‘legitimate interests’ and, in the case of sensitive data, ‘special category’. The specific condition we use for processing ‘special category’ data is ‘legitimate activities’. Occasionally, we may also use ‘legal obligation’ or ‘consent’ to process personal data; some examples are given below:

● When an individual applies for support from The Charity, we use ‘legitimate interests’ to process the information needed to contact them about their application.

● When we require information relating to an applicant’s health to help us assess their needs, we use the lawful basis of ‘special category’ and the specific condition of ‘legitimate activities’ to process this data.

● If we need to process personal data to comply with a legal obligation to disclose employee salary details to HMRC, we would use ‘legal obligation’ as our lawful basis.

● If we want to send electronic marketing to applicants and beneficiaries, we would use ‘consent’ as our lawful basis, in accordance with the Privacy of Electronic Communications Regulations (PECR).

**Disclosure of Information**

Your data is treated as strictly confidential and is only disclosed to parties who have a need to access it, to fulfil the charity’s objectives. The Charity may disclose personal data to other employees including the Charity Trustees. We do not permit these parties to use such information for any other purposes than to perform the service instructed by us. We may also share personal data with suppliers, known as ‘data processors’, to process data on our behalf, for example to deliver goods or services to beneficiaries. For example, with your permission, we may share your personal data with a debt/insolvency advisor, in order to obtain specific, expert advice to help you.

**How long we keep your personal information**

When the personal data is no longer needed, it will be destroyed or permanently rendered anonymous. Examples might be that the application process has been completed, volunteering, employment or trusteeship terminates. We will hold your information for a period in accordance with our data retention policy. Please see our full Data Protection Policy for details.

**Storage and security of personal data**

To prevent unauthorised access, maintain data accuracy, and ensure the correct use of information, we have put in place appropriate physical, electronic, and managerial procedures to safeguard and secure the information we collect. Individuals have the right to request access to and rectification or deletion of their personal data or restrict processing at any point from when personal data is provided to us. The Charity will comply with all legal obligations including GDPR when we hold your data. If you have any reason why we should amend, delete or restrict use of your data, please contact us to discuss this.

**What we do if you choose to tell us about your experience of our service**

Where beneficiaries of The Charity have provided information about their experience of our service, we will explain what the information will be used for. It will always be used anonymously unless you agree otherwise. If we wish to use your information as a case study, for communications including PR and media activity, digital and social media, campaigning, fundraising materials and internal communications, or to help us raise awareness of our service, we will ask your permission first.

**Contact us**

● If you have any questions or comments about our privacy practices or this Privacy Statement

● If you want to make use of any of the above rights, or other rights that you may have in relation to your personal data

● If you wish to view our full Data Protection Policy (which is also on our website at www.opticalbenfun.com)

● If you have other questions or requests

**Email**:admin@opticalbenfund.com

**Phone**: 01787 223800

**Post**: The Benevolent Fund of the College of Optometrists and Association of Optometrists,

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This document was last reviewed on 24 September 2018