

Regular Payments Scheme

APPLICATION FORM

Care in the Police Family Northern Ireland

SECTION 1.1 Applicant's Details

	Tippinoume of a deame		
Please tick (✓):	Ex-officer	Widow/ Widower	Parent
Name			·
Address			
Postcode		Mobile Number	
Date of Birth		Landline Number	
Email			

SECTION 1.2 Members of Household

Please provide details of all members of your household:

Dependant is defined as children under 18 years at the time of application or in full time higher/further education up to undergraduate degree level or equivalent.

Name((s):	Date(s) of Birth:	Do they contribute to the household? Yes/No	Are they a dependant? Yes/No

SECTION 1.3 Officer's Details (If different to applicant details)

Name	Date of Birth		
------	---------------	--	--

SECTION 2 Financial Details

Applications to this scheme are subject to an assessment of your financial circumstances.

Please include all combined household income information in the table below. Please ensure that figures are calculated **monthly.**

Evidence is required for all financial details. Please submit the latest 3 months bank statements (from date application sent) with this application.

INCOME

Salary	Income Related ESA	
Police Pension	Income Based Job Seekers Allowance	
State Pension	Carer's Allowance	
Pension Credit	Attendance Allowance	
Private Pension	Working Tax Credit	
Industrial Injuries	Child Tax Credit	
Partners Income	Child Benefit	
Contribution from other members of the household	Universal Credit	
Disability Living Allowance	Housing Benefit	
Personal Independent Payment	Income from Investments	
Income Support	Any other source of Income(details)	·
	TOTAL £	

Bank Account Number:		
Sort Code:		
Please provide evidence of one of the following to confirm your bank details:	✓	CLIENT AUTHORISATION
Blank Cheque		I consent to payment being made to the bank account listed above
Blank Lodgement Slip		
Original Bank Statement		Signed: Date:
SECTION 4 Declaration		
I declare that the information I have supplied on this form is true and complete to the best of my knowledge and give permission for enquiries to be made as to their accuracy.		

Please note, this section should only be completed if you have not provided the Fund with your account

SECTION 3

Name of Bank:

Bank Account Name (s):

Applicant's Signature:

Payment Details

details or if your details have changed. All payments are made by BACS.

Please return your completed application form to: The Northern Ireland Police Fund, Maryfield Complex, 100 Belfast Road, Holywood BT18 9QY.

Date:

I understand that if any of the information I have provided is found to be false, I will be disqualified from applying to

this and future schemes with the Northern Ireland Police Fund, and any monies outstanding will be recouped.

I understand that applying to the Northern Ireland Police Fund does not guarantee the award of a grant.

Privacy Notice

The Northern Ireland Police Fund Regulations 2016 established The Northern Ireland Police Fund (the Fund) as a body corporate. The role of the Fund is to provide care and financial assistance to police officers and ex-officers who have been injured or disabled as a result of being the direct target of a terrorist attack, and to the widows, widowers and families of police officers killed or injured through terrorism. This includes PSNI officers who may be killed or injured in the future in this way. We support our clients through our schemes which are designed to enable them to enjoy a quality of life in their home and make a positive long-term impact on their circumstances.

How we use your personal information:

- To establish your eligibility as a client of the Fund.
- To process grants for eligible clients of the Fund and the relevant processes involved.
- To keep you informed about new schemes that may be of interest to you or changes to the way we do things.

Where do you get my personal information from?

- We hold information that has been supplied to us from you, our client, via our application forms and the supporting documents that you include at our request as part of your application.
- We also hold reports created by our Occupational Therapists when they visit your home to assist in applications for disability equipment.

How long we will keep your personal information:

- We will hold your personal information for as long as you are a client of the Fund, it will then be destroyed or deleted in accordance with our retention and disposal schedule.
- If a client dies and they have a surviving spouse, that spouse will then automatically become an eligible client of the Fund for the duration of their natural life. The information for both will be kept together. It will then be destroyed or deleted in accordance with our retention and disposal schedule.
- Personal information about unsuccessful applicants will be held for 12 months, it will then be destroyed or deleted
 in accordance with our retention and disposal schedule.

Do you share my personal information with anyone else?

• We share information with the RUCGC PSNI Benevolent Fund. This is to make sure our information is as up to date and accurate as possible.

How do I complain if I am not happy?

• If you are unhappy with any aspect of this privacy notice, or how your personal information is being processed, please contact the Fund Data Protection Officer, at:

Northern Ireland Police Fund

Maryfield Complex 100 Belfast Road Holywood BT18 9OY

Tel: 028 90 393 556

Email: admin@nipolicefund.gov.uk

• If you are still unhappy, you have the right to lodge a complaint with the Information Commissioner's Office (ICO):

Information Commissioner's Office

Wycliffe House Water Lane Wilmslow Cheshire

SK9 5AF

Tel: 0303 123 1113

Email: casework@ico.org.uk https://ico.org.uk

For further information and to view our full Privacy Notice, including your rights as a data subject, please visit our website www.nipolicefund.gov.uk