



Rescue Benevolent Fund

Application for support

Please note, this form may be completed by you as the applicant or by a representative on your behalf. Essentially, tell us as much as you can about why you are turning to the fund, and what you are looking for.

Section 1: Personal details

Full name:		Age:	
Address:			
Telephone:			
Email:			
Spouse/partner and dependants: (Names, ages, relationship to you)			
Occupation:			
Mountain/cave rescue organisation:			
Your association with the organisation			

For the mountain and cave rescue family in need

1:

Please address all correspondence to: Judy Whiteside, Secretary, Rescue Benevolent Fund
40 Strawberry How • Cockermouth • Cumbria • CA13 9XZ

E: secretary@rescuebenevolent.fund • W: rescuebenevolent.fund

The Rescue Benevolent Fund is a registered charity: Number 1152798.



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Section 2: Tell us what you are looking for

What kind of support are you looking for?*

☐

Physical rehabilitation

☐

Psychological support

☐

Financial support

** Please feel free to tick more than one box*

Can you tell us more about why you are claiming? What happened, how has it affected you and what do you need?

Have you made any other claims relating to this issue (eg. insurance, other benevolent fund? If so, please tell us more.

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2:

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Section 3: Consent

Your consent is required to allow us to pass your details, in confidence, to other organisations regarding matters relating exclusively to this application.

- I agree that, in order to process my application, my details must be supported by and countersigned by a mountain/cave rescue official who can verify the circumstances.
- I also agree that in order to process my application, certain details that I have provided may be disclosed to various organisations including the Department of Work and Pensions, hospitals and GPs. I understand my details may need to be disclosed to other charities and similar organisations for the purpose of possible additional funding for my application.
- I also understand that I may have to provide further details, including details of my assets, income and expenditure.

☐ I have read the Terms and Conditions

Signature: _____

Date: _____

The Rescue Benevolent Fund is committed to ensuring that your privacy is protected. The information we have asked you to supply when completing this form will only be used in the consideration of this claim and will remain confidential except where we are required to consult with other organisations, as detailed above, and in accordance with the requirements set out in the Data Protection Act 2018.

Section 4: Supported by mountain or cave rescue team official

Name:	_____	Position:	_____
Address:	_____		

Telephone:	_____	Email:	_____

- I confirm that I am a mountain/cave rescue official and support this application being made to the Rescue Benevolent Fund.
- I confirm that, to the best of my knowledge and belief, the details provided are correct.
- I confirm that this is confidential information and will remain so.

Signature: _____

Date: _____

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3:

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Section 5: Medical Consent (if applying for physical or psychological support)

What is your injury or condition?:			
Was this sustained whilst engaged in mountain or cave rescue activity? Please tick:	Yes	No	
Can you say when the injury or condition began?:			
Is this injury or condition (please tick): Mild ☐ Severe ☐ Acute ☐ Chronic ☐			
When would treatment be available on the NHS?:			
Do you currently have medical insurance?:	Yes	No	
Do you consent to the Rescue Benevolent Fund contacting your GP/consultant?:	Yes	No	
Name and address of your GP:			
	Telephone:		
Have you seen a consultant?:	Yes	No	
Name and address of consultant:			
	Telephone:		
What is the prognosis and options for treatment?:			
What, if any, are the costs for this treatment?:			
What is the expected recovery time for this treatment?:			
When could you be back to work?			
When could you return to active mountain or cave rescue?:			

Print name:

Date of birth:

Address:

Signature:

Date:

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4:

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1. Who we can support:

In accordance with the Declaration of Trust (section 4), the objects of the charity are as follows:—

'To make charitable grants and to provide financial and other support (including by way of short-term interest-free loans) in order to alleviate hardship suffered by individuals or their families which has or may have arisen in connection with (1) an individual's service in a mountain and/or cave rescue organisation or (2) an individual's assistance in respect of any mountain and/or cave rescue operation or any other ancillary activity where such operation directly relates to a mountain and/or cave rescue operation'.

If, for whatever reason, the wording differs from that of Declaration of Trust, the Declaration of Trust takes precedence.

2. We will endeavour to:

- Respond and assess your application promptly and efficiently.
- Make prompt payment in respect of valid applications following their authorisation.
- Provide you with up-to-date information on the current position of your application if it cannot be paid quickly.
- Provide you with a speedy indication where an application cannot be met until further information is received.

3. In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the police.
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.
- Undertake credit searches and additional fraud searches.

In assessing any applications made, we may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

4. Sensitive data:

In order to assess an application, we may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application, you will signify your consent to such information being accessed by the Rescue Benevolent Fund. Please refer to our GDPR and Privacy Policy for further information. **Please note: the Trustees of the charity are required to sign a Confidentiality Agreement.**

5. Award limitations:

You will be expected to complete any supported course of treatment within the timescale recommended by your appropriate health professional. Should there be no activity in drawing the awarded funding for six months after the award being granted, we reserve the right to review the situation and revoke the remaining portion of the award.

Any amount awarded should be deemed as finite. If further treatment is required beyond the original award, you may be required to submit a new application form, with supporting evidence, to be assessed under the normal assessment procedure.

6. Medical documentation:

In any claim for physical or psychological rehabilitation, you are required in the first instance to consult your GP. All applications should be accompanied by supporting medical information. In the absence of relevant information, we may not be able to assess your claim appropriately.

5: Terms & Conditions