

STROUD & DISTRICT A.F.L.

APPLICATION FOR BENEVOLENT FUND GRANT

FULL NAME & ADDRESS OF APPLICANT: _____

AGE: _____

NUMBER & AGE OF CHILDREN (IF ANY): _____

OTHER DEPENDENTS (GIVE DETAILS): _____

FIXTURE DURING WHICH INJURY OCCURRED: _____

DATE OF FIXTURE: _____ REFEREE: _____

NATURE OF INJURY: _____

OCCUPATION: _____

NAME & ADDRESS OF EMPLOYER: _____

PROBABLE LENGTH OF DISABLEMENT: _____

ARE WAGES BEING PAID IN FULL: _____

AVERAGE INCOME BEFORE INJURY: _____

ESTIMATED INCOME FROM ALL SOURCES DURING DISABLEMENT PERIOD: EMPLOYER - _____

NB. THIS INFORMATION IS REQUIRED UNDER F.A. REGULATIONS. GOVERNMENT - _____

IT WILL BE TREATED AS STRICTLY CONFIDENTIAL! CLUB INSURANCE - _____

OTHER - _____

TOTAL -

I DECLARE THIS INFORMATION TO BE TRUE & CORRECT

SIGNATURE OF APPLICANT: _____

SIGNATURE OF CLUB SECRETARY: _____

DATE: _____

NB. MEDICAL CERTIFICATED MUST ACCOMPANY THIS FORM & FURTHER CERTIFICATES MAY BE REQUESTED!

PLEASE RETURN COMPLETED FORM TO LEAGUE TREASURER ASAP!!

REMINDER:HAVE YOU ALSO APPLIED TO GFA BENEVOLENT FUND?