

bp Helios Fund Grant Application Form

- The bp Helios Fund exists to provide financial support to former bp employees and their dependants 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.
- Please note that there is **no guarantee that your application will be successful** even if you are applying for support with something listed above. The Trustees are unable to provide reasons for individual funding decisions, due to the volume and complexity of applications received. The bp Helios Fund has a finite pot of funding available each year, and the Trustees cannot approve every application. The Trustees consider several factors in reaching their decisions.

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 note that if you do not provide all information required, we will need to liaise with you for the missing information, and this will delay the processing of your application.**
- 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

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Please refer to the Guidance Notes when completing this Application Form. The Guidance Notes include important guidance and information about the information we need from you to assess your application.

Please note that if you do not provide all information required, we will need to liaise with you for the missing information, and this will delay the processing of your application.

Section 1 – Applicant’s details

Title:	
First name:	
Middle name(s):	
Surname:	
Full address:	
County:	
Postcode:	
Email address (optional):	
Phone number (optional):	
Preferred communication method:	<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Phone

PLEASE ENCLOSE copies of the following documents (see guidance notes):

- **Proof of address**
- **(if applicable) Evidence of Power of Attorney**

Please note: if you would like us to correspond with someone other than the Applicant in relation to this application, please tick this box and provide us with their name and contact details (you can write their details in the space below).

Section 2 – Applicant’s association with bp

What is the Applicant’s status?	<input type="checkbox"/> 1. Current bp employee <input type="checkbox"/> 2. Dependant of current bp employee <input type="checkbox"/> 3. Former bp employee in receipt of a bp pension <input type="checkbox"/> 4. Dependant of former bp employee in receipt of a bp pension <input type="checkbox"/> 5. Former bp employee with deferred bp pension <input type="checkbox"/> 6. Dependant of former bp employee with deferred bp pension <input type="checkbox"/> 7. Former bp employee without a bp pension entitlement <input type="checkbox"/> 8. Dependant of former bp employee without a bp pension entitlement
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PLEASE ENCLOSE evidence of your association with bp (see guidance notes).

Section 3 – about the Applicant’s household

Who owns the property in which the Applicant resides?		
If the Applicant does not own the property in which they reside, do they live with a family member or rent the property?	<input type="checkbox"/> Applicant lives with a family member <input type="checkbox"/> Applicant rents the property in which they reside	
If the Applicant’s home is rented, what is the extent of the Applicant’s repairing obligations under the terms of their lease?		
Spouse or partner	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
Other dependants	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
Is there anything you would like to tell us about the Applicant’s household and circumstances which you think is relevant to this application?		

Section 4 – grant request

Item requested	Cost
	£
	£
	£
	£
<p>Please provide us with a brief summary of your circumstances and the reason for your grant request.</p>	

Section 4 – grant request

<p>If you are applying for a mobility-related grant, do you already have an assessment report from an Occupational Therapist?</p> <p>If so, please provide their name and contact details.</p>	
<p>If you are applying for a grant to pay for goods or services, have you obtained quotes from at least two contractors?</p> <p>If so, please provide their names, websites and contact details.</p>	
<p>Do you have any preference as to the provider of the goods or services?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Contractor 1</p> <p><input type="checkbox"/> Contractor 2</p>
<p>If you are applying for a grant to pay for medical, dental or funeral costs, have you obtained a quote?</p> <p>If so, please provide details of the doctor, dentist or funeral home (as applicable), and their contact details.</p>	

Please enclose the following documents, if relevant (see guidance notes):

- ***Occupational Therapist Assessment Report***
- ***Quote from Contractor 1***
- ***Quote from Contractor 2***
- ***Household repair photographic evidence***

Section 5 – Applicant's income

Type of income source	Name of income source <i>e.g. bp</i>	Amount you receive	How often received <i>e.g. weekly, monthly or annually</i>
Employment 1		£	
Employment 2		£	
bp pension		£	
State pension		£	
Other pension 1		£	
Other pension 2		£	
Interest from savings account (including cash ISAs)		£	
Income from investments in stocks and shares		£	
Rent income from investment properties		£	
Rent income from renters / lodgers		£	
State disability benefits		£	
Other State benefits		£	
Other 1		£	
Other 2		£	

PLEASE ENCLOSE 3 months' bank statements to evidence all declared income (see guidance notes).

Section 6 – spouse / partner’s income (if applicable)

Type of income source	Name of income source <i>e.g. bp</i>	Amount your spouse / partner receives	How often received <i>e.g. weekly, monthly or annually</i>
Employment 1		£	
Employment 2		£	
bp pension		£	
State pension		£	
Other pension 1		£	
Other pension 2		£	
Savings account (including cash ISAs)		£	
Investments in stocks and shares		£	
Investment properties		£	
Renters / lodgers		£	
State disability benefits		£	
Other State benefits		£	
Other 1		£	
Other 2		£	

PLEASE ENCLOSE 3 months' bank statements to evidence all declared income (see guidance notes).

Section 7 – savings and debts (Applicant + spouse/partner)

Total amount of money in savings accounts:	£
Total amount of money in ISAs:	£
Total amount of money in premium bonds:	£
Total value of any investments in stocks and shares:	£
Total value of any other investment assets including investment properties (excluding the property you live in, if you own it):	£
Total amount of all of your current debts:	£
Please provide any relevant details about your debts here:	

Section 8 – declaration

I confirm that the details provided on this application form are (to the best of my knowledge and belief) true, complete, accurate and not misleading.

The Applicant MUST sign below unless the form has been completed by the Applicant's Power of Attorney for the applicant, in which case we do not require the Applicant's signature and only require the signature of the person acting under Power of Attorney.

Signature of Applicant: **OR** Signature under
Power of Attorney:

Date of signature:

We will process your personal data in accordance with our Privacy Policy, which is available on our website: **www.bpheliosfund.co.uk**

PLEASE ENSURE THAT THIS APPLICATION FORM IS SIGNED AND DATED BEFORE SENDING.

PLEASE SUBMIT YOUR APPLICATION TOGETHER WITH ALL SUPPORTING EVIDENCE (SEE CHECKLIST) BY POST OR EMAIL AS FOLLOWS:

- **BY EMAIL:** bpheliosfund@birketts.co.uk
- **BY POST:** bp Helios Fund
c/o Charity Administration Team
Birketts LLP
Providence House
141-145 Princes Street
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