

BRITISH POLIO FELLOWSHIP - HEATING GRANT APPLICATION FORM 2024

Application for a heating grant for people with polio/PPS in the UK, living in households NOT eligible for the government Winter Fuel Payment (Only one application per household, even where there is more than one person with polio/PPS.)

Please complete both sides in BLOCK CAPITALS and return it FREEPOST to Central Office:

FIRST NAME:..... LAST NAME:..... (Mr/Mrs/Miss/Ms)

ADDRESS:.....

.....

POSTCODE:..... TELEPHONE NO:.....

DATE OF BIRTH: Age now:..... Age when you contracted polio:.....

MEMBERSHIP INFORMATION

Are you a member of the Fellowship? YES/NO If no, we will send you membership details

If yes, give details of which Branch or Central Office:.....

Are you or a close relative on a Branch, Regional or national committee? If so give details

.....

PAYMENT DETAILS – payments will be made directly into your bank or building society account or that of someone you nominate. Please write your bank details clearly and ensure all sections are completed.

Name of Bank or Building Society:.....

Your Name (as shown on your account):.....

Or that of the person you have nominated to receive your payment

Branch Sort Code:

Account Number:.....

If you do not have access to a bank or building society account, who should we make a cheque payable to?

.....

(Please note it may take longer to receive your payment by cheque)

Data Protection Statement

The information that you provide on this form will be kept in accordance with the Data Protection Act 2018 (GDPR). We will hold only such information as we need to on paper and on computer records. As your application is confidential we will not discuss it with anyone outside The British Fellowship. We do not pass your information on to any other organisations without your consent.

To the best of my knowledge nobody in my household is eligible for the government Winter Fuel Payment 2024 (you should receive the Winter Fuel Payment if you were born on or before 23 September 1958) the information on this form is correct and I am happy for The British Polio Fellowship to hold this information for Heating Grant purposes:

YOUR SIGNATURE.....

Section B: ABOUT HOW THE COLD AFFECTS YOU, please tell us in the space below how cold affects you and any polio/PPS related symptoms.

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Please return this form to the address below.

If this is your first grant application some kind of proof of past polio is needed. See page 33 for more information. If you are a Branch member we may forward your application to your local Branch. If you or a close relative are on a Branch, Regional or national committee, Central Office will need to consider your application, so also post it to the address below. We reserve the right to contact you should we need more information to assess your application.

FREEPOST, BRITISH POLIO FELLOWSHIP, CP House, Otterspool Way, Watford WD25 8HR

No stamp needed but if you use a stamp it will save on our postage costs.

Please return this form by 4 December 2024 (late applications may be refused) if your application is successful, payment will be made early 2025.