



PSA WELFARE AND BENEVOLENT FUND

Patrons: Sir Cliff Richard KBE (founding), Herbie Flowers,
 Sir Sydney Samuelson CBE BSc, Willie Robertson, Neil Warnock.
 Reg. Charity number 1080524

Contact: Chris Coates
 Tel. 020-8675 2586
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REQUEST FOR ASSISTANCE

FROM THE
PRODUCTION SERVICES ASSOCIATION WELFARE AND BENEVOLENT
FUND

CLAIM FORM

GUIDANCE NOTES

The Production Services Association (PSA) Welfare and Benevolent Fund (WBF) gives help for specific financial problems that can also include assistance for training. In certain circumstances it may be possible to provide short-term emergency funds and subsistence payments in times of crisis. **To make a claim for assistance, please answer the straight forward questions listed below. Please try to complete the answers to all of these questions as fully and as best you can to help the Fund's Trustees come to their decision quickly and fairly over your claim.**

The questions in this Claim Form are to help you, the claimant, to give the Trustees of the Fund the best information for them come to a decision when taking into account -

- your appeal for assistance, considering your circumstances,
- the constitution of the WBF, the rules of which the Trustees are bound by,
- the regulations of the Charity Commission and prevailing charity laws in effect at the time, and
- the duty to the donors to the Fund whose money is held in trust.

All information will be treated in the strictest confidence. If you have any questions or difficulties regarding this form please contact Chris Coates on 020 8675 2586 or via psawelfarefund@gmail.com

**-CLAIM FOR ASSISTANCE -
FINANCIAL DIFFICULTIES**

1. Are you a present or past member of the Production Services Association (PSA)
Y/N?
Name of Member:-

Membership Number:-
2. Are you a dependent of a present or past member of the Production Services
Association (PSA) Y/N?
Member's details:

Name

Membership Number (if known)

Address

Please give details of your relationship to the member.
3. Reason for claim, e.g. member unfit for work, hospitalised, deceased or other.
Please give details, circumstances etc.
4. Particular reason for claim; e.g. energy bill, mortgage or rent payment or 'other'.
Please give details.
5. Total Amount of Claim (including any VAT)
6. Has the creditor been advised of your financial difficulties Y/N?

Please give details of any arrangements or terms agreed to or insisted upon.
7. Have you asked your employer (or if a dependant, the PSA member's employer)
for assistance? Please give details.
8. Are any insurance claims pending? Please give details.
9. If claiming for someone who is deceased, is probate pending Y/N?
10. When is probate due to be granted?
11. If this claim is successful, can the WBF be reimbursed when probate is granted?

12. If probate is not pending, please give reasons

13. Have the Department for Social Services or Department for Work And Pensions been involved or the Social Fund claimed on? Y/N

If not, please give explanation.

14. Please give any other information that you feel that the Trustees should have in considering your claim.

Signed.....

Please print name.....

Home Telephone.....

Home address.....

.....

.....

POST CODE.....

Mobile telephone.....

Date.....

-CLAIM FOR ASSISTANCE -
TRAINING AND REHABILITATION

1. Are you a member of the PSA or a dependent of a present or past member of the Production Services Association (PSA) Y/N?

Member's details:

Name

Membership Number (if known)

Address

If you a dependent of a member, please give details if your relationship to the member.

2. What training do you wish to undertake?

Please state the name of the course and college or training organisation.

3. Is the intended course for a recognised qualification associated with the Production or Events industries Y/N?

If NO, please explain how the training will enable you to gain employment within the Production and Events industries.

if YES, please give details

4. Please state the amount of financial assistance that you are seeking for training. . Please attach details of the costs of the training as published by the college or training organisation.

5. If you have suffered an injury or are incapacitated and need to re-train for work outside of the Production or Events industries, please give details.

6. Does the course qualify for the Student Loan Scheme Y/N? Please give details

7. Does the seat of learning offer bursaries? Y/N. Please give details.

8. Do you have a prospective employer after completion of training?

9. Have you approached your prospective employer for funding Y/N?

10. Please give details on why you cannot pay for all or some of the training from your own resources.

Please give any other details that you feel that the Trustees should be aware of in considering your claim or, if you would rather put your case in your own words, please do so and attach continuation sheets if required. If you require any help in making this claim, please call Chris Coates for assistance

Signed.....

Please print name.....

Home Telephone.....

Home address.....

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POST CODE.....

Mobile telephone.....

Date.....

All information will be treated in confidence

Charity Number 1080524