



Registered Charity; 1156236

Registered address; 11 Audmore Road, Gnosall, Stafford ST20 0HA

### BENEFICIARY APPLICATION FORM

Please complete the shaded boxes accurately, include as much information as you feel necessary, leaving blank any section not known or not applicable. The *beneficiary* is the recipient of any required assistance, applications will be accepted via an *applicant* on behalf of a beneficiary. Applications will only be accepted by post and should include a Doctor's note. A submitted application form is not a guarantee of assistance from The Farriers Foundation. Each application will be individually considered by the board of trustees and further information may be requested to enable a fair and appropriate decision. The beneficiary and the applicant will be advised in writing as to the outcome of the application.

#### Section 1: Beneficiary details

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Marital Status</b>	
<b>Dependants</b>	

<b>Apprentice?</b>	<b>YES</b>	<b>NO</b>	<b>Name of ATF</b>		
<b>Apprenticeship Year (1, 2, 3 or 4)</b>			<b>Date of Diploma Exam</b>	<b>MONTH</b>	<b>YEAR</b>
<b>Retired?</b>	<b>YES</b>	<b>NO</b>	<b>Year of Retirement</b>		
<b>Fariery Qualification</b>					
<b>FRC Registration Number</b>			<b>Year of First Registration</b>		
<b>Employed?</b>	<b>YES</b>	<b>NO</b>	<b>Name of Employer</b>		
<b>Self-Employed?</b>	<b>YES</b>	<b>NO</b>	<b>Number of Employees</b>		
<b>ATF Registered?</b>	<b>YES</b>	<b>NO</b>	<b>Number of Apprentices Currently Employed</b>		

**Section 2: Applicant details *(if different to beneficiary)***

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	

<b>How long has the beneficiary been known to the applicant?</b>	
<b>How is the beneficiary known to the applicant?</b>	
<b>Is the beneficiary aware of this application?</b>	

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**Section 3: Claim details**

<b>Date of claim; i.e. injury / accident/ diagnosis of illness</b>			
<b>Nature of claim; i.e. injury / accident / illness</b> <i>Please give as much information as possible of the circumstances involved. Use section 4 if necessary</i>			
<b>Doctors note enclosed</b>	YES	NO	<b>Enclosing a Doctor's note with your application will significantly reduce the decision time taken by the trustees</b>
<b>Doctors note to be forwarded</b>	YES	NO	<b>If NO, please explain why not or N/A</b>
<b>Were emergency services involved? If so, which?</b>			
<b>Please give details of any witness's present</b>			
<b>What is the long term prognosis for the beneficiary?</b>			
<b>How is the beneficiary affected currently?</b>			
<b>Has the beneficiary been able to continue to work in any capacity?</b>			
<b>How have the dependants of the beneficiary been affected?</b>			
<b>What manner of assistance would be of greatest benefit to the beneficiary? For example, financial, practical support, referral</b>			
<b>How would the assistance be used? For example: equipment</b>			



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**Please enclose a stamped addressed envelope if acknowledgement of receipt is required**