

# RACEHORSE TRAINERS BENEVOLENT FUND Application Form

*(Please contact the National Trainers Federation office  
if you need assistance completing this form)*

## Application for Financial Assistance | Confidential

Racehorse Trainers Benevolent Fund awards grants to eligible individuals who are or have been racehorse trainers licensed by the British Horseracing Authority.

Please give as much detail as possible to allow us to assess this application fully. Grants are approved on the basis of the whole set of circumstances and at the sole discretion of the trustees.

### Applicant's Details

<b>Title:</b>	<b>Surname or Family Name:</b>
<b>First Name(s):</b>	
<b>Date of Birth:</b>	<b>Member of the NTF: Yes / No</b> <b>Date joined NTF:</b>
<b>Address &amp; Postcode:</b>	
<b>Telephone Number(s):</b> <b>Can we leave a message at this number(s)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Email Address:</b> <b>Please state preferred method of contact:</b>	

## Household Details

<p><b>What is your current housing status?</b></p> <p>Homeowner <input type="checkbox"/>    Renting <input type="checkbox"/>    Homeless <input type="checkbox"/>    Tied Accommodation <input type="checkbox"/></p> <p>Lodging <input type="checkbox"/>    Other <input type="checkbox"/> _____</p>		
<p><b>Who do you share your home with?</b> Financial assistance is based on joint household income.</p> <p><b>I live:</b> Alone <input type="checkbox"/>    With Spouse <input type="checkbox"/>    Partner <input type="checkbox"/>    Civil Partner <input type="checkbox"/></p> <p style="padding-left: 40px;">Dependent Children &amp; Young People <input type="checkbox"/>    Non-Dependants <input type="checkbox"/></p>		
<p><b>Spouse/Partner's full name:</b></p>		
<p><b>Spouse/Partner's Date of Birth:</b></p>		<p><b>Spouse/Partner's Occupation:</b></p>
<p><b>Spouse/Partner's National Insurance Number:</b></p>		
<p><b>Details of Dependent Children and Young People in the household:</b></p>		
<p><b>Name:</b></p>		<p><b>Date of Birth:</b></p>


## Medical and Health Details

**Do any of the following apply to anyone in the household:**

Medical Condition     Mental Health Condition     Learning Disability

Accident or Injury     Addiction     Long-Term Sick or Disabled

Sight or Hearing Impairment

**Please give details:**

Name:	Details:

## Employment Details

What is your current employment status?

Self Employed     Employed     Unemployed

Retired     Incapacitated

Self employed details (if applicable):

Name of business:

How many years has this company traded?

Please confirm you will supply annual accounts for this business for the last two years:

Yes     No

Current / most recent employer (if applicable):

Job Title:

Employer's Telephone Number:

Employers Address:

Time with Employer:

I give permission for Racehorse Trainers Benevolent Fund to contact my employers (if any) to confirm my work record, the British Horseracing Authority to confirm my licensing history and the National Trainers Federation about my membership.

Signed:

Date:

**Have you or your partner ever held a Licence under the Rules of Racing?**

**Flat Jockey's Licence**  Dates Held:

**NH Jockey's Licence**  Dates Held:

**Apprentice Jockey's Licence**  Dates Held:

**Conditional Jockey's Licence**  Dates Held:

## **Contact with Racehorse Trainers Benevolent Fund and other organisations**

**Have you or anyone in the household applied for help or assistance to any other organisations or charities, including Racing Welfare or The Injured Jockeys Fund?**

Yes  No

**Details:**

**How did you hear about Racehorse Trainers Benevolent Fund?**

## Your Household Income & Expenditure

Please complete the Income & Expenditure section of this form. You must also include photocopies of:

- The last 3 months' full bank/building society statements for all accounts you and/or your partner hold.
- You and/or your partner's 3 most up to date payslips or pension advice slips.
- Most up to date notification of benefits being paid, e.g. most recent benefit or pension award letters.

We can only consider your application with copies of these documents. Please do not send original documents in the post.

### Income

Your Weekly or Monthly Income		Spouse/Partner's Weekly or Monthly Income	
Your Wages	£	Your Wages	£
Maintenance or Child Support	£	Maintenance or Child Support	£
Payments from Lodgers Boarders	£	Payments from Lodgers Boarders	£
Student Loans & Grants	£	Student Loans & Grants	£
Job Seekers Allowance	£	Job Seekers Allowance	£
Income Support	£	Income Support	£
Working Tax Credit	£	Working Tax Credit	£
Child Tax Credit	£	Child Tax Credit	£
Child Benefit	£	Child Benefit	£
Employment Support Allowance	£	Employment Support Allowance	£
Council Tax Benefit	£	Council Tax Benefit	£

Housing Benefit/Local	£	Housing Benefit/Local	£
Housing Allowance	£	Housing Allowance	£
DLA/ PIP/ AA	£	DLA/ PIP/ AA	£
Statutory Maternity Pay/Maternity Allowance	£	Statutory Maternity Pay/Maternity Allowance	£
RIABS	£	RIABS	£
State Pension	£	State Pension	£
Private Pension	£	Private Pension	£
Occupational Pension	£	Occupational Pension	£
Industrial Injuries Disablement Benefit	£	Other	£
Other	£	Other	£
<b>Total</b>	£	<b>Total</b>	£

## Outgoings

<b>Total Household Weekly or Monthly Outgoings</b>	
Food and Housekeeping	£
Rent	£
Mortgage	£
Rent or Mortgage Arrears	£
Council Tax	£
Maintenance or Child Support	£

<b>Water/Sewerage</b>	<b>£</b>
<b>Electricity</b>	<b>£</b>
<b>Gas</b>	<b>£</b>
<b>Other Fuels</b>	<b>£</b>
<b>Life/Building/Contents Insurance</b>	<b>£</b>
<b>Prescriptions/Optician/Dental</b>	<b>£</b>
<b>Mobile/Landline Telephone</b>	<b>£</b>
<b>TV/Satellite</b>	<b>£</b>
<b>TV Licence</b>	<b>£</b>
<b>Child Care</b>	<b>£</b>
<b>School Meals</b>	<b>£</b>
<b>Car Costs</b>	<b>£</b>
<b>Loans/Credit/Store/Catalogue payments</b>	<b>£</b>
<b>Court Judgements</b>	<b>£</b>
<b>Other</b>	<b>£</b>
<b>Other</b>	<b>£</b>
<b>Total</b>	<b>£</b>



## Benefits

Please let us know of any benefit applications you or your partner are waiting to hear about:	
Name of benefit:	Date applied for:

## Savings, Capital, Investments

Please give details of all bank, building society, Post Office accounts etc that you or your partner have and enclose a copy of your latest statement(s):		
Account:	Your Balance:	Partner's Balance:
Current Account	£	£
Deposit Accounts	£	£
Building Society	£	£
Premium Bonds	£	£
Bonds	£	£
Stocks/Shares	£	£
PEPS/TESSAS/ISAS	£	£
Other	£	£

<p><b>Do you or your partner own any property in the UK or abroad?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Current value of any property? £</b> _____</p> <p><b>Is the property sublet?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
---

## What would this grant be used for?

--

## Expenditure

<b>Name of supplier:</b>
<b>Supplier costs:</b>
<b>Evidence of cost:</b>
<b>How will provision of grant change your circumstances for the better?:</b>

The Racehorse Trainers Benevolent Fund will acknowledge receipt of your application and be in regular contact with you. The trustees will make a decision as quickly as possible. Please speak to the NTF office if you have any questions.

In the space below provide any other information that may assist us in processing your application:

## References

Name one or two referees who will be contacted about your application. One must be from within the horseracing industry.

<b>Referee:</b>	<b>Referee:</b>
<b>Address:</b>	<b>Address:</b>
<b>Contact No:</b>	<b>Contact No:</b>
<b>Email:</b>	<b>Email:</b>
<b>Relationship:</b>	<b>Relationship:</b>

# Declaration Statement

Please read this section carefully, by ticking and/or signing below you are confirming the statement to be true:

I \_\_\_\_\_ (name)

and \_\_\_\_\_ (name of spouse/partner)

have read and understood the following and confirm that:

- All information provided is true and correct.
- A full disclosure of all income, capital, savings and investments has been made.
- I/we will inform Racehorse Trainers Benevolent Fund of any changes in my/our circumstances during the application process.
- I/we understand that any false or misleading information can result in the withdrawal or repayment of any grant that may have been awarded.
- I/we consent to the collection, processing and dissemination of this information by Racehorse Trainers Benevolent Fund in line with the Data Protection Act 1998 and to its storage in both paper and digital format.

I am the applicant and confirm that I have read, understood and agree to the above.

I am the spouse/partner of the applicant and confirm that I have read, understood and agree to the above.

I am a professional third party authorised to act on behalf of the applicant(s) and confirm that I have read, understood and agree to the above on behalf of my clients. I enclose written authority signed by my client(s)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Organisation \_\_\_\_\_

Email address \_\_\_\_\_

Send this application form to the NTF at  
9 High Street  
Lambourn  
Hungerford  
Berkshire  
RG17 8XL

Tel: 01488 71719  
Email: [rtbf@racehorsetrainers.org](mailto:rtbf@racehorsetrainers.org)

## Office Only / Checklist of Documents

Document	Enclosed/Verified	Returned/Date Posted
Proof of licence and membership	<input type="checkbox"/>	
Proof of benefits	<input type="checkbox"/>	
Pay slips	<input type="checkbox"/>	
Proof of outstanding bills	<input type="checkbox"/>	
Bank statements	<input type="checkbox"/>	
Other (give details)	<input type="checkbox"/>	
Other financial statements	<input type="checkbox"/>	