RESTAURANTS ASSOCIATION OF IRELAND

RESTAURANTS ASSOCIATION OF IRELAND
BENEVOLENTFUND

Helping you to find your way during difficult times

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

BEFORE COMPLETING THE APPLICATION FORM, PLEASE READ THE NOTES BELOW CAREFULLY.

WHEN YOU HAVE COMPLETED THE APPLICATION FORM, YOU SHOULD. DETACH THESE NOTES AND KEEP THEM FOR YOUR REFERENCE.

CAN WE HELP YOU?

The Restaurants Association of Ireland Benevolent Fund is the trade charity for the hospitality industry and as such we can only consider applications for financial assistance from people who satisfy the following criteria:

- Worked within the direct provision of food, drink or accommodation in Ireland. We can consider applications from people where they have been directly employed in the provision (e.g. they worked as a chef, ran a pub) or where their employers main role was the provision (e.g. we can help anyone who worked for a hotel, restaurant, pub)
- Worked during one of the following three time frames:
- Currently working within the industry
- Have worked in the industry for one continuous year in the past five years
- Have worked in the industry for seven years in their lifetime
- Be a resident of the Republic of Ireland
- Be a member / the employee of a member of the Restaurants Association of Ireland

REASON FOR APPLICATION

We try to offer help in as many ways as possible but at present we cannot consider applications for:

- Education related costs such as private school fees, fees for educational courses, student maintenance, and Student Loan repayments.
- Most private medical treatments.
- Legal costs.
- Residential Care fee shortfalls.

SUPPORTING DOCUMENTATION

All applications need to be supported in writing (on headed paper) by an independent third party who can confirm your situation and need for the help you are requesting. What you are seeking help with will influence the type of supporting agency will need to supply with this letter and what other documents are required. See below for a list of common requests

- if your request is not listed please contact us so we can confirm what is required.

DEBTS

A letter will need to come from a specialist debt advisor such as the Citizens Advice Bureau, they will need to outline how the debts arose and what has now change so that they won't arise again. We will also need to see a breakdown of your debts and what payments are being made.

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FURNITURE

The letter will need to come from an organisation that has visited you at home and can confirm your need for the requested items. We will also need a quote if you are seeking help with carpets. Don't worry about a quote for furniture as we have preferred suppliers.

MEDICAL

If you are seeking help with a piece of medical equipment or need help with your general living costs due to ill health then we will need your supporting letter to come from a medical professional who knows you and can confirm your health problems and need for the item. We will also need a quote for the item and the medical professional will need to confirm in writing that the item detailed has been assessed as suitable to your specific needs.

RENT AND/OR DEPOSIT FOR A TENANCY

A letter from the local authority or voluntary body for accommodation / social housing will need to be provided. They will need to highlight why you are not eligible for social housing and give an idea of what a suitable property will cost. If you are in receipt of Housing Benefit or Local Housing Allowance then we will require confirmation of the rate for your area and we would not normally consider a grant for more than this.

FUNERAL COSTS

We will need you to have approached the Widowed or Surviving Civil Partner Grant for help first and will need to see a copy of their decision letter. We will also need a copy of the funeral directors bill. We also require proof of household income and savings with all applications.

To confirm your income we can accept photocopies of either of the following:

Latest full months bank statement showing your benefits/wages/pensions

Last available statement for any An Post or Credit Union Savings Account

If you have any savings please also include a photocopy of the recent statement or latest page of the book if it is a book account.

FILLING IN THE FORM

Please complete all the sections on the form that apply to you with as much detail as you can, paying particular attention to the following sections:

PERSONAL PUBLIC SERVICE NUMBER(S)

You must provide us with your and your spouse/partner's (if applicable) Personal Public Service Number. If you do not know your number you will find it on:

- State Benefit letters (on the front)
- Wage slips
- Bank Statements (if you receive any State Benefits)

WORK HISTORY

As we are the trade charity for the hospitality industry your application for assistance is based on your/your spouse/partner's work within our industry. Please complete this section of the form with as much detail as possible. We will also need proof of your work history within the hospitality industry so please send in copies of any documents you have such as old payslips (providing they contain the name of the company your worked for), references, letters from previous employers. If you do not have any documents of this type please contact us and we can discuss other options.

REASON FOR APPLICATION

Please provide us with as much information as possible about your circumstances and what help you are seeking. It would also be helpful if you could outline how this help would improve your situation and what changes you have made so that the situation does not occur again.

REIMBURSEMENT

Please note that we cannot consider reimbursement for an item you have already purchased. If this applies to you, please contact us to discuss the situation before completing the application form.

PAYEE DETAILS & QUOTES

Please note that we are unable to make grants payable to an individual. We always make payment directly to the company where the item is being purchased or to a responsible organisation (i.e. Social Services), who is able to administer the grant on our behalf. We usually require quotes for the cost of the item you are requesting help with.

DECLARATION STATEMENT

Please read this section of the form carefully then sign and date it. We cannot process your application if you (and your spouse/partner where applicable) do not sign this section.

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APPLICATION PROCESS

Completed application forms are checked through by our caseworkers within a couple of days of their arrival. If there is any information missing or we have any queries we will contact the supporting agency or the applicant directly depending on the nature of the query.

Once we have all the information we require the application will be presented for consideration. We endeavour to process all applications as quickly as possible.

Written notification of our decision will be sent out. If we cannot help with your request we will explain why.

APPLYING AGAIN

- If you have previously received financial support from Restaurants Association of Ireland Benevolent Fund then we cannot usually consider a further grant for a year from the date of your previous grant notification letter.
- If a previous request for assistance was refused, please contact us before applying again and we will confirm if your request can now be considered.
- If you are seeking help with something that we have previously contributed to you will need to explain what has happened to the original item or why you need this help again.
- If we have previously helped with debts it is very unlikely that we will be able to help with them again. If this applies to you please contact us to discuss the situation before completing the application form.

PLEASE NOTE

It will slow down our application if you return an incomplete form or do not send in the supporting documentation required. At the very least all applications will require a supporting letter from an independent third party and proof of income.

If you have any queries on this form please contact (01)- 6779901

PERSONAL DETAILS

MARRIED ☐ **LIVING WITH PARTNER** ☐ **SINGLE** ☐ **SEPARATED** ☐ **DIVORCED** ☐ **WIDOWED**

Surname: _____

Christian/First Name: _____

Date of Birth: _____/_____/_____

**Giving this information is optional, but it may help us to suggest other sources of funding*

Address: _____

Eircode: _____

Telephone Number (s): _____

E-Mail:._____

Applicant Spouse/partner: _____

PPSN Number: _____

Mr/Mrs/Miss/Ms: _____

Number of Children (please include any from previous relationships)

Adult: _____ Dependant: _____

People Living With You (including children)

Name	Date of Birth	Relationship	Occupation	Weekly Net Income/ Benefits	Weekly Financial Contribution

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WEEKLY INCOME €

If you are unable to provide weekly figures, please indicate whether the amounts stated are on a monthly or annual basis. Please state the income e of all persons in the household.

	Applicant	Partner
Wages (Net)		
State Retirement Pension		
Personal/Occupational Pension		
Personal Pension		
Company Sick Pay		
Maternity Pay		
Income Support		
Job Seekers Allowance		
Employment Support Allowance		
Carer's Allowance		
Disability Living Allowance		
Attendance Allowance		
Industrial Injuries Benefit		
Severe Disablement Allowance		
Working Tax Credit		
Child Tax Credit		
Child Benefit		
Maintenance from Ex-Spouse/partner		
Income from Other Charities		
Statutory Sick Pay		
Any other income (Please Specify)		
Total Weekly Income		

Please list any and all other allowances that you are in receipt of (e.g.: jobseekers allowance, carers allowance, etc)

WEEKLY EXPENDITURE €

If you are unable to provide weekly figures, please indicate whether amounts stated are on a monthly or annual basis.

Expenditure	Amount
Mortgage	
Rent	
Water	
Gas	
Electricity	
Other Fuel	
Food	
Cleaning	
Insurance house	
Insurance contents	
Phone – mobile – landline	
TV Licence	
Newspapers	
Outings	
Toiletries/Cosmetics	
Haircuts	
Dental/Glasses etc.	
Clothing	
Life Insurance	
Travel fairs	
Car Running Costs (petrol, insurance, tax, repairs)	
Care Costs	
Special Diet	
Childcare Costs	
Pets	
Medical	
Other	
Total Weekly Expenditure	

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DEBTS

Please include all debts (excluding your mortgage).

Purpose of Loan	Name of Lender	Date taken	Original Amount	Outstanding Amount	Weekly Repayment

ACCOMMODATION

Do you own the property you live in? YES / NO

If yes please answer the following.

House _____ Bungalow _____ Flat _____ Other _____

Is it jointly owned?	Approximate Value:
Number of Bedrooms:	Amount of Mortgage:
Date of Purchase:	Remaining Length of Mortgage:

Do you live in Rented Accommodation? YES/ NO

If yes is it:

Is your rent subsidises? If so please indicate what scheme you are availing of? _____

Rent Payment Frequency: Weekly ☐ Monthly ☐ Quarterly ☐

Private landlord _____Other _____

Number of Bedrooms _____

Do you live in Sheltered Accommodation? YES/NO

Do you live in a Residential/Nursing Home? YES/NO

EMPLOYMENT RECORD IN THE HOSPITALITY INDUSTRY

Please include all debts (excluding your mortgage).

Name of Company /Employers Name	Location	Your Job	Dates Worked	Number of Hours

Please enclose copies of any payslips, pension slips, letters or other documents that you have as proof of having worked in the industry.

EMERGENCY CONTACT DETAILS

Please give the name of a relative, friend or other person whom we could contact if necessary.

NAME
ADDRESS
PHONE
RELATIONSHIP

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REASON FOR APPLICATION

Please let us know why you are making this application and how you think the Restaurants Association of Ireland Benevolent Fund can assist you.

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Have you had to overcome any personal challenges or obstacles that have impacted your career progression?

What is your current job role? What would you like to do next and in your future career? How will this training support you in this aspiration?

What training opportunities have been made available to you previously? How have they furthered your career and/or job prospects?

OTHER CHARITIES

Please state any other charities you have applied to and their response

CHARITY	RESPONSE

FAMILY CONTRIBUTION

Are you or your family able to make a contribution? YES/NO

If yes please state amount €_____

GRANT PAYEE DETAILS

If a grant is agreed for a specific item, to whom should we make it payable? NB. We always pay cheques directly to the company where the item is being purchased or to a responsible organization who is able to administer the grant on our behalf.

How did you hear about us?

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DECLARATION STATEMENT

Please read this section carefully and tick the boxes next to each statement

- ☐ I/we the undersigned, declare that all the particulars in this form are correct and that I/we have made a full disclosure of my/our income, capital, and investments.
- ☐ I/we understand that any false or undisclosed information could result in the withdrawal or repayment of any grant that The Restaurants Association of Ireland Benevolent Fund may award.
- ☐ I/we will undertake to inform The Restaurants Association of Ireland Benevolent Fund of any changes in our circumstances that take place during the application process.
- ☐ I/we understand that The Restaurants Association of Ireland Benevolent Fund may confer with other charities/bodies regarding my/our application.
- ☐ I/we understand that the information on this form will be kept on a computer database as well as in a paper file. I consent to the collection, processing and dissemination of this information by The Restaurants Association of Ireland Benevolent Fund in line with the regulations laid down in the Data Protection Act 1998.

Applicant's Signature: _____ Spouse/Partner's Signature: _____

Name (Block Caps): _____ Name (Block Caps): _____

Address: _____

Date: _____/_____/_____

Restaurants Association of Ireland,
11 Bridge Court,
Citygate, St. Augustine Street,
Dublin 8, Ireland.

Registered in Ireland No: 56224IE, VAT No: IE4803163P

t: +353 1 6779901
f: +353 1 6718414
w: www.rai.ie
e: info@rai.ie

http://www.facebook.com/RestaurantAssociationofIreland

@RAI_ie