

NORTHUMBRIA POLICE (LILIAN EVE MEMORIAL) TRUST
REGISTERED CHARITY NUMBER 507081

Application /2021

Rank _____ No _____ Name _____

Contact Telephone number _____

Contact Email _____

Area Command/Department _____

Date of application: _____

Benevolent Representative (All applications MUST be sent to, and supported by, your representative who will represent you at the committee meeting) _____

Applicants Payroll number (or date of retirement) _____

NB – Applicants who retired after 13 Sept 2011, MUST attach proof of paying into the fund immediately prior to retiring with their application. (ie copy of last payslip)

NB: applications will not be processed without a payroll No or, if retired, the date of retirement

Applicants Bank A/C No _____ Sort Code ____ - ____ - ____

NB – If the request is for financial assistance and the applicant does not provide their bank details to enable electronic transfer, a £5 handling fee will be deducted from any grant made

Report outlining

- a. details of the critical incident/issue leading to the application (please provide as much detail as possible to support your application)

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- b. details of the assistance sought by applicant
- c. for attendance at the Holiday Home, *available/preferred dates **MUST be listed below as per the time frame beneath*** (check in 4pm check out 10am Friday or Monday - usually allocated Friday to Monday long weekend or Monday to Friday midweek break or combine either 2 for a full week Monday to Monday or Friday to Friday
(NB – If application approved attendance at the lodge MUST be taken within the next 4 months.)
- d. If asking for financial assistance, please document what you have done to help your financial situation. (e.g. Payplan tele. no 0800 0094146, reduce bills etc)