# Support request

Consent for contact

person in regard to this referral.

Please sign here if you give your explicit consent to contact the connected



Please turn to the back page of this form to see the criteria that must be met for Ben to provide assistance. Please use black ink and BLOCK CAPITALS.

Who's requesting support?  Please tick only one box  Individual requesting support Is someone who works or has worked in the automotive industry or associated trades.	Third party/referring agency Could be an employer, company, charity or statutory agency, making a referral on someone's behalf.
Contact details of individual request Complete in all circumstances. We cannot process a referral w.	
Title Mr Mrs Miss Other	Home phone
First name	Mobile
Middle name	Home email
Last name	Preferred contact method Home tel Mob tel
Address	Email Post
	Preferred contact time am pm
Postcode  Date of Birth  D  D  M  M  Y  Y	Please sign if you give us your explicit consent to store your information. Please see the back page for our full statement on how we use your personal information.
Contact details of individual connect  Tick if details are same as the above or complete in all circ	ted to the motor industry umstances. We cannot process a referral without these details.
Title Mr Mrs Miss Other	Date of Birth D D / M M / Y Y
First name	Home phone
Middle name	Mobile
Last name	Home email
Address	Preferred contact method Home tel Mob tel
	Email Post
Postcode	Preferred contact time am pm

The connected person must sign here to consent to store their information in regard to this referral. Please see the back page of this form for our full statement on how we use your personal information.

itle Mr Mrs	Miss Other	Home email		
irst name		Preferred contact meth	nod Home tel	Mob tel
Middle name			Email	Post
ast name		Relationship to person		
Address		Employer Charit  Social Care Prof	y Friend / Family ther, please specify	Health Prof
Postcode Home tel		Consent for contact  Please sign if you give your back page of this form for opersonal information.  Signature		
Mobile				
Motor industry 6  Employment status of indivi	employment idual with motor industry connec	ction		
	t time employed Jobseeker		ole to work Wor diffe	king in a erent industry
Name of current employer	Address	Type of business	Job role	Dates worked
Name of previous industry employers	Address	Type of business	Job role	Dates worked
Have you had su	pport from Ben pre	eviously?		

·	nother benevolent	fund?
ase tick the appropriate below		
Armed Forces	Education	Emergency Services
Other		
, annly		
	In relation to the advice, guid	ance or support you require
	Information & advice	
	Access to welfare benefits	
	Physiotherapy / Counselling	
	Residential / Home care	
	Health and well-being advice	
	Debt and money management	
	Other (please specify)	
Name	Name  / M M / Y Y DOB  Relation	D D / M M / Y Y
must sign here to consent to store the we use your personal information.  v your reason(s) fo	ir information in regard to this referr	al. Please see the back page of this
	Armed Forces Other  t apply llenges  ntal or caring response  Name  Y Y DOB  Relationship	Armed Forces  C apply  C apply  C apply  C apply  C apply  C In relation to the advice, guided information & advice  Access to welfare benefits  Physiotherapy / Counselling  Residential / Home care  Health and well-being advice  Debt and money management  Other (please specify)   Name  Name  Y Y DOB  Relationship  Relation  Relation

Any other information

## Who is eligible for Ben's support

To receive our support an individual must have:

- Worked in the automotive industry or related trades (throughout this document now referred to as 'the industry') OR
- Be the dependant of someone who has worked in the industry.
- You must be a resident in the UK

Before support is provided to an individual evidence of eligibility must be produced. This could be a copy of the connected person's; P45, letter from a relevant employer, contract, their payslip or similar. For those unable to find this information, the connected person can go to www.gov.uk/guidance/hmrc-subject-access-request, for a subject access form to secure evidence of employment (in the motor industry).

Who is considered a dependant?

- Current spouse/partner or civil partner (if one of the couple has passed away, then they must have been in a relationship at the time
- Children including adopted/fostered/step or those for whom the connected individual has parental responsibility or guardianship.
- Parent including parent in-law/step parent or foster parent
- Sibling including half/adopted or step
- Grandparent including adopted or step-grandparent

The person receiving the support MUST be FINANCIALLY **DEPENDANT** on the person who has the connection.

#### Dependant of a deceased connected individual

If an individual comes to Ben for help and support and their connection is through a deceased person, in order for that individual to be considered eligible they must be financially dependent on the deceased person's estate/finances and we will require proof of this. This could be

- An occupational pension
- Insurance payments
- A trust fund

## Your personal information

Ben collects sensitive personal information when you register with us for care, support and guidance. We run a private and confidential service, which means that whatever you say stays between you and us. We will use and store this information in line with the Data Protection Act 1998.

We hold information securely in a database, and keep these records for as long as is relevant and appropriate, and then they are securely destroyed. We also collect and share anonymised information for statistical analysis.

We may discuss and obtain information about you from other organisations and agencies under the following circumstances:

- You ask us to
- We believe your life or someone else's life is in immediate danger
- You are being hurt by someone in a position of trust
- You tell us that you are harming another person

We will only share your personal information if we feel it's an emergency and we will inform you of this first - giving you as much control as possible.

Our services also include referrals to third parties and sharing of information with our marketing and events teams. In the event of this additional consent will be obtained from you. Any companies that provide these services may retain your information whilst building a support plan and delivering services. You may ask them about the storage of this information at any time.

By signing below you give explicit consent to Ben to share and store your information. In addition, by signing next to their name, any listed dependants also provide their explicit consent. Consent can be withdrawn at any time and all personal data can be erased if you wish to withdraw your consent.

For details on how your information is used, how we maintain the security of your information and your rights to access information we hold on you, please contact:

Nikki Fojan, on 08081 311 333 or supportservices@ben.org.uk

I confirm that I have read and accept the terms stated in this document			
Signed	Date		
Please tick here if you are happy to receive news about Ben events and marketing campaigns			

## www.ben.org.uk

Helpline 08081 311 333



