

RHA Benevolent Fund Claim
COVID 19 Support to those made Redundant from an active RHA Member business

The Road Haulage Association, Roadway House, Bretton Way, Bretton, Peterborough. PE3 8DD

This form is only to apply for assistance with Driver CPC courses and Medicals to those that have been made Redundant from an active RHA member business, to support re-employment.

Any other claims for assistance need to be made using our main application form whereby hardship needs to be evidenced.

Information given on this form is strictly confidential.

1. Personal Details

Name:

Mr/Mrs/Miss/Ms (please delete as appropriate):

Surname:

Forname(s):

Year of birth:

Email address:

Telephone number:

2. Address

Current Address:

Postcode:

Previous address (if less than 3 years):

Postcode:

3. Employment with RHA Member

If you have been made Redundant, we require proof of employment and redundancy (e.g. final payslip, final outcome letter on headed paper) from this business who need to be a current RHA member

Name and address of Employer:

Type of Employment:

Position:

From:

To:

4. Assistance Required

1 days funded RHA Driver CPC Course

A funded RHA Medical (with our Health partner D4Drivers)

Both

5. Details of any previous RHA Benevolent Fund applications

Claim number (if known):

Claim number (if known):

Date:

Date:

Amount received:

Amount received:

Reason for Claim:

Reason for Claim:

The RHA Benevolent Fund will do its best to process this application within 14 days of receipt, assuming all required documentation has been included with the request for assistance. To assist you in this, set out below is a check list of information which we MUST receive before the application is considered.

Name and contact details

Year of birth

Proof of employment with current RHA member (e.g. payslip)

Proof of Redundancy (e.g. final payslip, final outcome letter on headed paper)

Assistance required details

Details of any previous RHA applications

Please note your contact details will be passed on to our training team and D4Drivers (RHA Medical) in order to arrange course and/or medical appointment dates where applicable

Declaration

To the best of my knowledge and belief, I, the undersigned, declare that the particulars given above are a true and accurate statement of my current circumstances. I also consent to my contact information being shared with the appropriate team based on the assistance requested in this claim

Further details of our Data Protection statement, privacy policy and retention policy are available online (www.rha.uk.net/about-us/rha-benevolent-fund) or upon request.

Name:

Signature:

Date:

IT IS ESSENTIAL ALL SECTIONS OF THIS FORM ARE COMPLETED

Please email the completed application form to benevolentfund@rha.uk.net

Or alternatively, send to the below address:

The Secretary to the Trustees, RHA Benevolent Fund, Roadway House, Bretton Way, Bretton, Peterborough. PE3 8DD

RHA Benevolent Fund, Registered Charity Number 1082820