

In order to apply for a grant from the Foresters Child Support Fund you must have been a member of the Society for at least six months. The purpose is to provide grants for children under 19 years of age in the following circumstances: children who are bereft of one or both parents, children of totally incapacitated parent or parents, children who themselves are incapacitated, children who are registered as having special needs, children who themselves are carers. In every case either the child or parent must have been a member before the death or incapacity occurred. The current maximum grant per application determined by the Board is £500 per annum.

Please complete this application form accordingly and get your local Court (branch) Secretary to sign and return it back to us at the address stated below. If it is not possible for you to obtain a signature from your Court Secretary, please return your completed form to Foresters Friendly Society, Station Chambers, The Boulevard, Tunstall, Stoke on Trent, Staffordshire, ST6 6DU or via email to [mcollins@forestersfriendlysociety.co.uk](mailto:mcollins@forestersfriendlysociety.co.uk). We will then review the application and confirm its status accordingly.

## 1. Application

**To be completed by the member or Court (branch) Secretary on behalf of the member**

Application for a Grant made by Court  on behalf of the following child(ren):

Full name of father/mother of child(ren)

Membership No.

**Particulars of child(ren) in respect of whom the application is made:**

|      |                      |        |                      |               |                      |                      |                      |                      |                      |                      |                      |
|------|----------------------|--------|----------------------|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | Gender | <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | <input type="text"/> | Gender | <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | <input type="text"/> | Gender | <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name | <input type="text"/> | Gender | <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Please complete the section below if the parent(s) is/are members of the Society**

|                   |                      |                 |                      |                      |                      |                      |                      |                      |                      |                |                      |
|-------------------|----------------------|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|----------------------|
| Father: Court No. | <input type="text"/> | Date of joining | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Membership No. | <input type="text"/> |
| Mother: Court No. | <input type="text"/> | Date of joining | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Membership No. | <input type="text"/> |

**Date of death or total incapacity (as applicable)**

|                                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |       |                      |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|
| Father: Date of death/incapacitation | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Cause | <input type="text"/> |
| Mother: Date of death/incapacitation | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Cause | <input type="text"/> |

If the child(ren) is/are incapacitated, has special needs or is a carer, please give brief details (please continue on a separate sheet if necessary)

**Please complete the section below if the child(ren) is/are members of the Society**

|           |                      |                |                      |                 |                      |                      |                      |                      |                      |                      |                      |
|-----------|----------------------|----------------|----------------------|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Court No. | <input type="text"/> | Name of Court  | <input type="text"/> |                 |                      |                      |                      |                      |                      |                      |                      |
| Name      | <input type="text"/> | Membership No. | <input type="text"/> | Date of joining | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name      | <input type="text"/> | Membership No. | <input type="text"/> | Date of joining | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name      | <input type="text"/> | Membership No. | <input type="text"/> | Date of joining | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name      | <input type="text"/> | Membership No. | <input type="text"/> | Date of joining | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Name, relationship and address of person who has custody of the child(ren)**

|         |                      |              |                      |
|---------|----------------------|--------------|----------------------|
| Name    | <input type="text"/> | Relationship | <input type="text"/> |
| Address | <input type="text"/> |              |                      |

**Any further particulars desired to be presented to Head Office:**

## 2. Payment details

Any grant will be paid directly to the recipient's bank or building society account by the Banks Automated Direct Credit Process.

Please provide the recipient's details below;

Name and full address of recipient's Bank/Building Society branch

  

Name(s) of account holder(s)

  

Sort code

 -  - 

Account number

Roll number (if Building Society account)

## 3. Data Protection Notice

The information that you provide on this form will be held by Foresters Friendly Society and used to set up and administer the grant for which you are applying and for other business purposes. Further information about how we hold and use your personal information is available on our website ([www.forestersfriendlysociety.co.uk/privacy-policy](http://www.forestersfriendlysociety.co.uk/privacy-policy)).

## 4. Testimonial

If your application is successful, Foresters Friendly Society would like you to provide a testimonial on your experience and how you have used your grant, for use in our printed publications, online advertising and other marketing activities. This can be anonymised if preferred.

If you are happy to provide this, please tick the relevant box below:

I have confirmed that if successful, I am happy for the Court to contact me regarding my Foresters Child Support Fund grant.

I have confirmed that if successful, I am happy for Head Office to contact me regarding my Foresters Child Support Fund grant.

## 5. Foresters Care

All members have access to our Foresters Care service. At times like these you may benefit from speaking to someone who understands your situation, has the time to listen and help address your concerns. Foresters Care can provide additional help – a friendly listening ear, practical information and much needed emotional support. Members can contact Foresters Care on 01244 625180, Monday - Friday, 9am - 5pm.

If you would like us to arrange for a Personal Nurse Advisor to call, please leave your preferred contact telephone number below:

Foresters Care is provided by RED ARC Assured Ltd, a personal nurse advice service.



## 6a. Declaration - to be completed by the payee

To the best of my knowledge and belief the information stated in this form is correct.

Payee's signature

Date

Please send the form to your Court Secretary for completion. If you are unsure who your Court Secretary is, please contact the Court Helpdesk on 0800 101 8310 or via email at [mcollins@forestersfriendlysociety.co.uk](mailto:mcollins@forestersfriendlysociety.co.uk)

## 6b. Declaration - to be completed by the Court Secretary

Application is hereby made on behalf of the above for a grant from the Foresters Child Support Fund.

Chief Ranger

Court Secretary

Resolution passed by Court on

## How to get in touch

Write to:

Foresters Friendly Society  
Station Chambers  
The Boulevard  
Tunstall  
Stoke on Trent  
Staffordshire, ST6 6DU

Tel: 0800 101 8310

Visit: [www.forestersfriendlysociety.co.uk](http://www.forestersfriendlysociety.co.uk)

Foresters Friendly Society is the trading name of The Ancient Order of Foresters Friendly Society Limited which is an Incorporated Friendly Society (Registration No. 511F) and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Registration No. 110029).