



Convalescence and Respite Fund

The Fed understands that after suffering from a serious illness it takes a period of time for the body to recover. We also appreciate that many members may never recover and will rely on their loved ones to nurse them at home. We recognise this situation can be physically and emotionally difficult at times and believe that respite support should be available to the primary care giver, should they require a break to support the needs of their family.

Members or their partners could be eligible for convalescence and respite funding from the NFRN's charitable funds. The fund is a registered charity established in 1930, well before the founding of the NHS, at a time when such debilitating diseases as tuberculous, diphtheria and polio were widespread throughout the country. While, thankfully, these diseases are now exceptionally rare, the fund still exists to support members on a case-by-case basis, and at the sole discretion of the Benefits Committee.

Examples of applications that have been successful within the fund are listed below, but the Benefits Committee welcomes any applications from members who have fallen on hard times.

- Terminally ill • Severe Dementia
- Alzheimer's • Serious incapacitated illness
- Long-term critical illness

Applying for Convalescence and Respite Funding

In order to help the Benefits Committee review your application, without the need to ask supplementary questions, it is important to complete and attach relevant documents to help support your request.

- Complete the NFRN Convalescence and Respite application and attach all relevant correspondence and documentation regarding your application.
- It is important to provide us with details about how the serious illness is affecting you, your family and your business. Please feel free to discuss your coping mechanisms and what support you would gain from the money you are applying for.
- Please send completed application forms to: The Benefits Committee, NFRN, Ground Floor East Suite, Bede House, Belmont Business Park, Durham, DH1 1TW or email to benefits@nfrn.org.uk.

Receipt of your application

The application is checked to ensure that your membership fees are up to date. Your application and supporting documents will be shared with the Benefits Committee to be considered. The committee will make a decision within two weeks of your application being logged and approved, the money awarded will be transferred into the bank details you provide. You will be sent a letter confirming the amount you have been awarded and the date it is to be paid.

If your application does not meet the criteria and regulations of the Benefits Committee, it will be rejected, and you will be sent a letter advising that your application has been unsuccessful.

Confidentiality

Your privacy is important to us, and we can ensure you that your application will be treated as highly confidential and any original documents you have provided in your supporting application will be returned to you, along with the letter advising if you have been successful or not.

Application For Convalescence and Respite Benefit

| | | | |
|---------------------------------|--|--------------------|--|
| Member's full name: | | Membership number: | |
| Business address and post code: | | | |
| Home address and post code: | | | |
| Email address: | | Date of birth: | |
| Mobile number: | | Home number: | |
| Best time to contact: | | | |

Medical Statement

| | |
|---|--|
| <p>Please give full details of the serious illness from which you are suffering, and why this has resulted in you being unable to work long-term with your business.</p> <p>(Please use additional sheets of paper if you require more space)</p> | |
|---|--|

Please enter your bank details to where you wish the award made to you credited:

| | | | |
|------------|--|----------------------|--|
| Bank Name: | | Account holder name: | |
| Sort Code: | | Account number: | |

Confidentiality statement:

I understand that by completing this application and sending supplementary evidence that I will be providing The Fed with personal information which will be held securely by the Benefits Manager.

Statutory statement:

I declare that the information I have provided in this application is true and correct.

| | | | |
|---------|--|-------|--|
| Signed: | | Date: | |
|---------|--|-------|--|

Important:

- Is the form fully completed?
- Have you signed the statutory statement?
- Have you attached all documentation relevant to your sickness?

For official use only:

| | |
|------------------|--|
| Join date: | |
| Previous claims: | |
| Comments: | |

Please send completed application forms to: The Benefits Committee, NFRN, Ground Floor East Suite, Bede House, Belmont Business Park, Durham, DH1 1TW | benefits@nfrn.org.uk