



Registration Form

All information in this form will be treated as confidential

Case No.

Office use only

1. Referrer's Details (including Self-referral)

Full Name:			
Force:	Relationship to officer:		
Email:	Contact Number:		
Does the officer know and consent to you making this referral?		Yes	No
Reason for Referral:			

2. Officer's Details

Full Name:			
Preferred name / Known by another name:			
Address:			
City:	County:	Postcode:	
Phone number:	Email:		
Date of Birth:	Force:		
Rank:	Number:	Date of joining:	
Date of Injury:	Date of retirement:	Date of Death:	
Details of Officer's injury, including circumstances, nature and effect on officer:			

Please attach proof of injury

3. Spouse/Dependant's Details (If Applicable)

Full Name:			
Address:			
City:	County:	Postcode:	
Contact Number:	Relationship to officer:		
Email:	Date of Birth:		

DECLARATION AND CERTIFICATE OF APPLICANT

I can confirm I wish to register the Officer mentioned above with the Police Dependents Trust.

In particular, I confirm that: all the information I have provided in this form is, to the best of my knowledge and belief, true and accurate; I understand that registration is made at the absolute discretion of the Trustees;

I have consent from the Officer mentioned above, to the information I provide being held and processed by the Trust as necessary for the administration of this and any other application the Officer makes to the Trust. I understand that the Trust co-operates with the Police Service and other Police charities to prevent duplication of grants and fraud. I have consent from the Officer to the fact that this registration could be shared with such organisations as necessary. I understand that all information provided to the Trust will remain confidential and will be held and processed in accordance with the Data Protection Act 1998.

Signature:	Date:
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