



## Registration ONLY Application to Police Dependants' Trust

Case No
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All information in this form will be treated as confidential

### 1 APPLICANT'S DETAILS

Name in Full	
Address	
Relationship to officer	Telephone No
Email	Date of Birth

### 2 OFFICER'S DETAILS

Name in Full			
Rank	Number	Force	
Date of joining	Date of Injury	Date of Retirement	Date of Death

### 3 DETAILS OF OFFICER'S INJURY/DEATH ON DUTY

Injury on duty means an incapacitation, injury or illness arising from the hazards or special nature of police work

Circumstances: attach copy of injury report (if available)
Nature of injury and effect:

#### ◆ DECLARATION AND CERTIFICATE OF APPLICANT

I wish to register with the Police Dependants' 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 consent to the information I provide being held and processed by the Trust as necessary for the administration of this and any other application I make 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 consent to the fact that I have applied to register being shared with such organisations as necessary. I understand that all information I provide to the Trust will remain confidential be held and processed in accordance with the Data Protection Act 1998.

Signature:	Date:
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