# Application Form for Assistance from the The Worshipful Company of Security Professionals COVID-19 Crisis Fund

#### Completion notes: -

- Applications can be made by an individual Employee, Employer, or a Family member of a deceased front line security worker
- If completed by: -
  - FRONT LINE SECURITY WORKER a letter from employer confirming employment & hospitalisation period must be included.
    EMPLOYER (on behalf of employee) a letter confirming employment & hospitalisation period must be included. If
  - application by employer on behalf of family of deceased, copy of death certificate to also be included.
  - **FAMILY MEMBER (must be designated next of kin)** both employer letter confirming employment & hospitalisation period, as well as copy of death certificate must be provided.
- In all cases, Sections 1, 2 & 3 MUST be completed irrespective of applicant.

## 1. APPLICATION MADE ON BASIS OF (Please select as appropriate)

- Front line security worker has been hospitalised as a result of Covid-19
- Front line security worker has deceased as a result of Covid-19

# 2. PARTICULARS OF FRONT LINE SECURITY WORKER

| Surname:                      |       |         |                      |  |
|-------------------------------|-------|---------|----------------------|--|
| Forename(s):                  |       |         |                      |  |
| Address:                      |       |         |                      |  |
|                               |       |         |                      |  |
| Post Code:                    |       |         |                      |  |
| Telephone:                    |       | E-mail: |                      |  |
| SIA Licence Number:           |       |         | D.O.B<br>(DD/MM/YYYY |  |
| Job Title:                    |       |         |                      |  |
| Dates of Hospitalisation:     | From: |         | To:                  |  |
| Date of Death (if applicable) |       |         |                      |  |

## 3. PARTICULARS OF EMPLOYER / FORMER EMPLOYER

| Company Name |         |  |
|--------------|---------|--|
| Address:     |         |  |
|              |         |  |
|              |         |  |
| Post Code:   |         |  |
| Telephone:   | E-mail: |  |

Registered Charity No. 1088658

| Dates of Employment                     | From:  | То: |  |
|---|--|-----|--|
| Employers confirmation letter attached: | Yes / No   |     |  |
|   | (Please note that applications cannot be processed without valid employer verification.) |     |  |

## 4. PARTICULARS OF FAMILY MEMBER (Complete if Front line security worker deceased, this must be designated Next of Kin)

| Surname:                               |  |         |  |  |
|--|--|---------|--|--|
| Forename(s):                           |  |         |  |  |
| Address                                |  |         |  |  |
| (if different from applicant):         |  |         |  |  |
| Post Code:                             |  |         |  |  |
| Telephone:                             |  | E-mail: |  |  |
| Relationship to deceased:              |  |         |  |  |
| Copy of Death Certificate<br>attached: | Yes / No   |         |  |  |
|  | (Please note that applications cannot be processed without a copy of death certificate.) |         |  |  |

Please note that Front line security worker may be eligible for support under the Security Benevolent Fund (SBF) welfare scheme. Details can be found <u>https://wcosp.org.uk/the-security-benevolent-fund/</u>

## 5. DECLARATION

I declare that the foregoing statements made by me are correct to the best of my knowledge and belief. I authorise the Trustees of the Worshipful Company of Security Professionals Charitable Trust to make any enquiries deemed necessary in support of my application. I understand that this process may include enquiries to any relevant medical expert or doctor, my Employer of former Employer, any family member indicated on this form, I consent to this. I understand that this information will be processed in accordance with the Worshipful Company of Security Professionals Charitable Trust Privacy Policy included on this form.

# Signature of applicant / Person completing form

Date

Did person in Section 2 complete this form Yes / No

If 'No', please insert name, relationship to applicant, address, and telephone number

# ALL INFORMATION PROVIDED WILL BE TREATED IN THE STRICTEST CONFIDENCE AND WILL BE SUBJECT TO THE DATA PROTECTION ACT

Please return this form to:

Worshipful Company of Security Professionals, COVID-19 Crisis Fund at COVID@wcosp.org

#### **Privacy Policy**

This policy explains what personal information we hold about you, how we collect, how we use and may share information about you. We are required to give you this information under data protection law.

#### Information about us

The Worshipful Company of Security Professionals Charitable Trust

Registered address: Saddlers' House, 40 Gutter Lane, London EC2V 6BR

Registered Charity Number: 1088658

Email address: clerk@wcosp.org

#### Personal information collected by us

In the course of administering Applications for assistance we collect the following personal information, when you and/or your Employer provide it to us:

Applicant's personal information (such as name, address, contact details, telephone number(s) and job title)

Applicant's special category information (such as ethnicity, disability, health conditions)

Employer's personal information (such as name, address, organisation and contact details, and telephone number(s))

#### Why we have your personal information

Processing of your personal information is necessary to assess your application for Assistance from The Worshipful Company of Security Professionals Charitable Trust COVID-19 Crisis Fund. You consent to your personal information being processed for this purpose. We may collect or receive sensitive personal data about an Applicant, such data may include personal data revealing ethnicity, disability or health conditions. Where you have not provided this information yourself you consent to your Employer or former Employer providing this information.

Under the General Data Protection Regulation (GDPR), the lawful basis we rely upon for processing this information is your consent. You are able to remove your consent at any time by contacting us using the information provided in the "information about us" section above.

#### Who we share your personal information with

Your personal information is shared with the Trustees of The Worshipful Company of Security Professionals Charitable Trust to assess your Application.

Your information will not be shared with any third party unless we are required to do so by law.

#### How long your personal information will be kept

We will hold your personal information securely. Where we provide financial assistance your personal information will be retained for 24 months. Where we do not provide financial assistance, your personal information will be retained for 12 months. After this time personal information will be securely destroyed.

#### Keeping your personal information secure

We have appropriate security measures in place to prevent personal information from being accidentally lost, or used or accessed in an unauthorised way. We limit access to your personal information to those who have a genuine need to know it. Those processing your information will do so only in an authorised manner and are subject to a duty of confidentiality.

We also have procedures in place to deal with any suspected data security breach. We will notify you and any applicable regulator of a suspected data security breach where we are legally required to do so.

#### Your data protection rights

Under data protection law you have rights including: Knowing what we are doing with your information and why we are doing it Asking to see what information we hold about you (subject access request) Asking us to correct any mistakes in the information we hold about you Asking us to delete information we hold about you Have your information transferred electronically to yourself or to another organisation Object to decisions being made that significantly affect you Object to how we are using your information Stop us using your information in certain ways Withdraw consent at any time (if applicable)

You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

The UK Information Commissioner's Office (ICO) website contains further information about your rights, including the circumstances in which they apply on individuals' rights under data protection law.

#### Who to contact

Contact us to exercise any of your rights using the information provided in the "information about us" section above.

Data protection law also gives you right to lodge a complaint with a supervisory authority. The supervisory authority in the UK is the Information Commissioner. You can contact the Information Commissioner's Office (ICO) at: Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF

Telephone: 0303 123 1113

Alternatively, visit the Information Commissioner's Office (ICO) website https://www.ico.org.uk