



**UNFORGOTTEN
FORCES**

Supporting Scotland's
Older Veterans



Break Away Application Form

Please tick the box to confirm that verbal consent has been granted to record details of this referral

1. Applicant Information

Title: Full Name:
Date of birth: Local Authority:
(if known)
Address: Postcode:
Home Tel: e-Mail:
Mobile Tel:
Preferred method of communication (please tick all that apply) Tel: e-Mail: Post:

2. Will you be accompanied by a Spouse / Partner / Carer? YES NO

If yes, what is the relationship to the applicant:
If you are to be accompanied by a carer, please state why:

Title: Full Name:
Date of birth: e-Mail:
Mobile Tel: Home Tel:
Address:
(if different from above)

3. Emergency Contact

For Applicant:	For Companion:
Name:	Name:
Relationship:	Relationship:
Mobile Tel:	Mobile Tel:
Home Tel:	Home Tel:
Address:	Address:

4. Is the applicant a Service or ex-Service person? YES NO

If no, relationship to a service / ex-service person:

5. Service details of person on whom eligibility is based

Please submit documentary evidence of service with this application form. A list of acceptable documents is outlined in section 11.

Full name: Date of enlistment:
(during service)
Date of birth: Service number:
Force served with: Army Reserve Army Regular Navy Reserve
(circle relevant) Navy Regular RAF Reserve RAF Regular

Service / Corps /
Regiment:

Date of death:
(if applicable)

6. Application

Your application for Break Away will be considered on the basis of a welfare and / or financial need.

Please check the following statement(s) which apply to you, this information will be used to assess your application.

- | | | | |
|--|--------------------------|--|--------------------------|
| In receipt of a means-tested benefit or tax credit (e.g. Pension Credit) | <input type="checkbox"/> | Weekly income does not always cover necessary weekly expenditure | <input type="checkbox"/> |
| Debts or liabilities I am struggling to afford | <input type="checkbox"/> | Unable to cover the cost of a holiday independently | <input type="checkbox"/> |
| Long-term ill health or disability | <input type="checkbox"/> | Suffering from a terminal illness | <input type="checkbox"/> |
| Recovering from recent hospitalisation | <input type="checkbox"/> | Suffering from physical or mental trauma | <input type="checkbox"/> |
| Recently suffered bereavement of spouse, partner or close family member | <input type="checkbox"/> | Living in isolation | <input type="checkbox"/> |
| Suffering from feelings of loneliness | <input type="checkbox"/> | Has caring responsibilities (including for a spouse, partner or veteran) | <input type="checkbox"/> |

7. Your individual needs

- | | | |
|--|------------------------------|-----------------------------|
| Are you in need of a disability access room? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Would you like to take your dog(s) with you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have your own mode of transport? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have a medical condition or complex personal care needs | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If so, please tick which care need(s) apply to you:

- | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|
| Autistic Spectrum Disorder | <input type="checkbox"/> | Carer support required | <input type="checkbox"/> |
| Hearing impairment | <input type="checkbox"/> | Infirm and elderly | <input type="checkbox"/> |
| Mental health | <input type="checkbox"/> | Severe physical disability | <input type="checkbox"/> |
| Dementia | <input type="checkbox"/> | Learning difficulty | <input type="checkbox"/> |
| Visual impairment | <input type="checkbox"/> | Drug or alcohol misuse | <input type="checkbox"/> |
| Medical condition | <input type="checkbox"/> | Other: | <input type="checkbox"/> |

8. Please use the space below to provide any additional information

9. Feedback

Where did you find out about the Break Away service?

- | | | | |
|---|--------------------------|--|--------------------------|
| Friend / colleague / word of mouth | <input type="checkbox"/> | Through the media / internet | <input type="checkbox"/> |
| Referral from Unforgotten Forces partner charity (please give charity name below) | <input type="checkbox"/> | Through previous assistance / contact with Poppyscotland | <input type="checkbox"/> |



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10. Declaration

I declare that the information I have given is correct, to the best of my knowledge.
I understand the information I have provided will be used to process this application.

Signature of applicant:

Date:

11. Submission

Please submit this signed application form along with **documentary evidence of the service** details of the person identified in section 5 to:

Post: Breaks Coordinator
Welfare Services
Poppyscotland
New Haig House
Logie Green Road
Edinburgh
EH7 4HQ

Email: breakaway@poppyscotland.org.uk

Acceptable service verification documents include:

- Red book
- Discharge papers
- War pension evidence

Please do not post your original documents, a photocopy or photograph will be acceptable.

If you do not have either of the documents above we will discuss alternative means to verify service with you.

12. Support

If you have any questions about the application process or if you require assistance in completing the form, please do not hesitate to contact the Breaks Coordinator at Poppyscotland on 0131 550 1557 or using the postal or email addresses outlined above.

Thank you for your interest in Poppyscotland and the Break Away service.

Part 3: Why we use your information:

Within Poppyscotland we use your information to:

- Find out if we can help – to check that you're eligible for Poppyscotland assistance
- Work out how we can help – to discuss and agree the right assistance

with you

- To help – to deliver the assistance we’ve discussed and agreed

What information we use:

We use the information you give us, or that you allow others to share with us. We collect information about your personal, family, and social circumstances, including about your finances, housing, health, and well being.

Please note that in some cases, we may need to balance your request against other legal rights and duties we have. However, if you are not satisfied with our response, you have a right to complain to the Information Commissioner’s Office (ICO) (for details, see ico.org.uk).

To assist us in helping you we may ask for, or you may give us, information about your physical or mental health, ethnic origin, genetic/biometric identifiers, religious, philosophical or political views, trade union membership, sexual orientation and any criminal convictions or offences.

This type of information is called ‘sensitive personal data’ (also known as Special Categories of Personal Data).

This sensitive personal data will only be shared with support organisations who we think may be able to help you and your specific needs. You are under no obligation to provide this information but without it, this may limit the help we can provide.

Who we share your information with:

We can help you more by working with other organisations. This could include the following but is not limited to:-

- The Ministry of Defence, if we need to verify service in the Armed Forces.
- Charitable organisations such as regimental trusts or associations, to invite them to contribute toward any financial assistance.
- Companies that provide the goods or services requested.
- Local Authorities or Government Departments (such as the Department for Work and Pensions), to provide support around benefits or entitlements.

Who we contact and what information we share depends on what assistance is requested.

Your control over how we use your information:

If you don’t want us to contact certain organisations or to share certain information, tell us. Equally, if you want us to stop using your information, let us know. We’ll always try to help as much as we can, but the support we provide may be limited if we’re unable to use or share certain information.

How you can find out more:

There’s more detail in our leaflet: “How we use your personal information”. You can also read our Privacy Promise at: <http://www.poppyscotland.org.uk/about-us/our-privacy-promise-and-policy/> , or speak with our representative.

Can we use and share your personal information?

If you consent to us using your information, and sharing your information in the ways set out above, please tick the appropriate boxes and provide your details below:

Yes, use my information: **Yes, share my information:**

How can we contact you?

- Telephone
- E-mail
- Mail

Name:**Signature:**

.....

Date:

If you are completing this application on someone else’s behalf, also provide the following:

Your relationship to the applicant:

To confirm you have the applicant’s permission to give us their information, tick here: