**INDIVIDUAL NEEDS PROGRAMME**

**BEREAVED SELF-DIRECTED ASSISTANCE PAYMENTS**

The Victims and Survivors Service (VSS) is pleased to advise that this scheme has now re-opened on 1st April 2021. This scheme applies specifically to individuals **bereaved of a parent, spouse/partner, and/or a child** as a result of a troubles-related incident, and who are not currently in receipt of this type of payment from VSS.

Applications will be accepted on an ongoing basis, and eligible applicants can expect to receive payment on confirmation of eligibility. Payment will be made on the following basis:

* £500 to those **bereaved of a parent, spouse/partner, and/or a child**;
* An additional needs based payment of £500 to those **bereaved of spouse/partner** or **bereaved of both parents.**

If you wish to apply for this payment, please complete all sections of the application form below. Alternatively, you can contact a Health and Wellbeing Caseworker in one of our community funded organisations to help you. They can also help with other health and wellbeing support and services which you may need at this time. You can find their contact details here: <https://www.victimsservice.org/health-wellbeing-caseworker-network/>.

**Supporting Documentation**

If you are in receipt of other support from VSS and we already have the information below, you do not need to re-submit this again with the application.

If you are not yet registered with VSS, you will need to submit documentation that confirms the troubles-related incident and your relationship with the deceased. We know this can be sensitive. Health and Wellbeing Caseworkers can help you in gathering the required documentation in support of your application. This should include:

1. **Date of Incident**

Documentation to support the incident e.g. internet/newspaper article, CAIN (<https://cain.ulster.ac.uk/sutton/>), extract from Lost Lives book or equivalent.

1. **Relationship with the deceased**

Identification for you as the applicant e.g. photographic ID such as your driver’s license, passport or bank/utility bill or equivalent.

We will need details of your relationship (parent, spouse/partner, and/or child) for example, a birth or marriage certificate or equivalent. Where this is not available, please contact VSS and we will help.

Completed forms, along with all supporting documentation, should be submitted to [enquiries@vssni.org](mailto:enquiries@vssni.org) or submitted by post to: **Victims & Survivors Service**, **1st Floor, Seatem House 28-32 Alfred Street, Belfast, BT2 8EN**

**BEREAVED SELF-DIRECTED ASSISTANCE PAYMENT APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1** | Surname: | | |  | | | | | | | | | **2** | First name: | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3** | Title (Mr, Mrs, Ms, etc): | | | | | | |  | | **4** | Mother’s maiden name: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5** | Address  (incl  Postcode): | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **6** | Contact Number(s) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7** | Gender | | | | | M |  | | F | | |  | | | **8** | Date of Birth: | | | |  |  |  | |  |  |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9** | Email address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **10** | | Do you already receive support from the VSS? | | | | | | | | | | | | | | | Yes | |  | | | | No | | | |  | | |
| **11** | | Are you engaged with or a member of a VSS funded organisation/victims group? | | | | | | | | | | | | | | | Yes | |  | | | | No | | | |  | | |
| If ‘Yes’ please provide the name of the group:  *This organisation can assist you with this application and with the supporting documentation required.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of Deceased** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12** | | | Name of Deceased: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13** | | | Date of Death: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14** | | | Location of Death: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15** | | | What is your relationship to the deceased? | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Details of Payment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Where possible, VSS will make all future payments by BACs.*  *If your application is successful, VSS will ask you to submit your bank details safely and separately from this application and your personal details to enable us to make payment.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

If you have any queries in relation to this, please contact us on **02890 279 100,** where a member of our **Health & Wellbeing Team** will be happy to help.

The VSS operates in line with the Data Protection Act 2018. This means we treat your information with respect and in accordance with the law.

In line with the VSS Privacy Policy <https://www.victimsservice.org/privacy-policy/>, we will always keep your information safe and private. However, on occasion we may need to share certain information with other professionals. For example, we may do this in order to:

* progress requests that you have made for support;
* ensure your safety and the safety of others; and
* ensure that we continue to operate in accordance with the law.

**Permission to hold and use data for research and improvement**

Some of the information we gather here will be used to help us to deliver better services. Information gathered for this purpose is **anonymous**.

**Permission to communicate with agreed organisations in relation to your needs**

We work with a number of other organisations to deliver services and support. We may find that one of these organisations can offer you assistance. We will only refer you to an organisation that you have agreed is a good choice for you, and with your permission to share your details.

**Signed:**

**Date:**

*Signed by applicant*