

# Golden Friends Application Form

Hospitality  
Action

Email: [GF@hsopitalityaction.org.uk](mailto:GF@hsopitalityaction.org.uk)

Tel: 020 3004 5501

Address: 62 Britton Street, London EC1M 5UY

Registered Charity 1101083 | Registered in England & Wales | Company No. 04914871

[www.hospitalityaction.org.uk](http://www.hospitalityaction.org.uk)

## Application Guidance Notes

PLEASE READ THE NOTES BELOW CAREFULLY BEFORE COMPLETING THE APPLICATION FORM.

### Applications for membership of Hospitality Action's Golden Friends scheme

**Hospitality Action is the trade charity for the hospitality industry and as such we can only consider applications for membership of the Golden Friends scheme from people who satisfy the following criteria:**

- Worked in any role for a company in the UK whose main function is the direct provision of food, drink or accommodation away from home. We can consider applications from people where they have been either directly employed in the provision (e.g. they worked in hotels, contract catering businesses, restaurants, pubs, bars or coffee shops) or have worked in a job where their direct role is the in-house provision of food, drink or accommodation in another business sector (such as school, hospital or care home cook, or working in a staff restaurant in an office building). We also cover self-employed people from the industry.
- Are 60 years of age, or above (either retired or still currently working)
- Can evidence that they have worked for five years or more in the industry across their lifetime
- Those who are younger than 60 years but are no longer able to work due to ill health

### Completing this form

If you are applying as a couple who share the same address, whether or not both have worked in the hospitality industry, both should use this form to make your application. If you are a couple who do not share the same address, please request a separate application form for the spouse/partner to complete separately.

If you are applying as a couple who share the same address, it is the person with the longest number of years in the industry who should apply as the 'main applicant'.

## Proof of your work history

Before membership can be awarded, we will need evidence of your work history within the hospitality industry so please send in copies of any documents you have such as old payslips (providing they contain the name of the company you have worked for), references, letters from previous employers, photographs of you at work. If you do not have any documents of this type please contact us and we can discuss with you other options available for checking employment history details.

## Data Protection/GDPR

How we treat and process your data with regards your application is covered by the General Data Protection Regulation (GDPR) (EU) 2016/679.

Our Privacy Policy can be found on our website - <http://www.hospitalityaction.org.uk>

We will retain your data for as long as is necessary to process your application, to answer any follow up queries and to satisfy our criteria. Our typical retention periods are detailed below. If you have any queries about these or would like to request a different retention period please email [GF@hospitalityaction.org.uk](mailto:GF@hospitalityaction.org.uk) with the details of your request and we will get back to you as soon as possible.

- If you do not fulfil our criteria for membership of the Golden Friends scheme you will be notified of the reason why in writing and your application will be kept for 3 months from the date of last contact, after which it will be securely destroyed. Your identifying details will be removed from our database after a year.
- If you withdraw your application the application form will be kept for 3 months from the date of last contact, then the form will be securely destroyed. Your identifying details will be removed from our database after a year.

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## 1. Personal details:

Title: Mr                      Mrs                      Miss                      Ms                      Other

Surname			
First Name			
Date of Birth		National Insurance No:	<input type="text"/>

Address		Telephone Number (s)	(Tick if can leave a message)
County		Email	
Postcode			

## 2. Marital Status

Single                      Married/Partner                      Separated                      Divorced                      Widowed

For joint membership of the scheme, please provide spouse/partner details

Surname			
First Name			
Date of Birth		National Insurance No:	<input type="text"/>

Address		Telephone Number (s)	(Tick if can leave a message)
County		Email	
Postcode			

### 3. How did you hear about the scheme?

When awarded a grant

Through my employer

Internet search

Recommended by friend/relative

Other (please provide details)

### 4. Industry employment

Membership of the scheme is subject to the lead applicant having worked in the hospitality industry for a period of five years or more during their working life. Please provide details of hospitality industry related roles only. For joint applicants who both currently/or have worked in the industry, both should provide details of their individual work histories here.

#### Main applicant's industry employment details:

Name of employer (and/or subsidiary name)	Location (town and county)	Job title	Date started	Date left	F/time or P/time?

#### Which of these business types best describes the industry you worked in prior to retirement?

Pubs & Bars

Restaurant

Food service

Accommodation

Fast food/takeaway

#### Spouse/partner's industry employment details:

Name of employer (and/or subsidiary name)	Location (town and county)	Job title	Date started	Date left	F/time or P/time?

#### Which of these business types best describes the industry you worked in prior to retirement?

Pubs & Bars

Restaurant

Food service

Accommodation

Fast food/takeaway

## 5. Personal circumstances

### 5a. Accommodation type

Home Owner

Private Tenant

Housing Association Tenant

Council Tenant

Sheltered Accommodation Resident

Residential Care/Nursing Home Resident

Other

### 5b. Potential support needs

#### Applicant:

I am well supported

I am not well supported

I have a disability\* **go to 5c**

I do not have a disability

I receive care

I do not receive care

I would prefer not to disclose

#### Spouse/partner:

I am well supported

I am not well supported

I have a disability\* **go to 5c**

I do not have a disability

I provide care

I do not provide care

I would prefer not to disclose

**5c. Disability** – please note that you are not obligated to declare any information about a disability and/or physical or mental health condition that may affect you, but any information you wish to share will be used to identify areas where we may be able to offer support. Information shared will be kept confidential.

#### Applicant:

I have a hearing impairment

I have a visual impairment

I have a physical disability

I have a mental health condition

#### Spouse/partner:

I have a hearing impairment

I have a visual impairment

I have a physical disability

I have a mental health condition

## 6. How would you describe your level of computer/IT skills?

Confident and independent

Not confident/require assistance

Not confident at all

Would like to learn more/improve skills

Do not use/want to use computers

## 7. Interests and hobbies

Animals	Fishing	Photography
Armed Forces	Flower arranging	Pottery (artistic pursuits)
Art/sculpture	Gardening	Reading
Beauty	History	Sport
Chess	Keep fit (yoga/tai chi)	Swimming
Cooking	Languages	Technology (general interest)
Crafts (knitting/sewing)	Motor vehicles (mechanics	Travel
Creative writing	Motor vehicles (gen/interest)	TV/soaps
Dance	Music (listening)	Wildlife/nature
Film/Theatre	Music (playing instrument)	World/current affairs
Technology (user knowledge)	News/documentaries	Other

## 8. Emergency Contact Details

Please provide the name of a relative, friend or other person whom we could contact if necessary should we lose contact with you/your spouse/partner.

Name		Telephone Number (s)	(Tick if can leave a message)
Address			
County		Email	
Postcode		Relationship to you	

## 9. Ethnicity

To inform and improve our service it would help us to know your ethnic group. We will keep this information confidential and it will not be used to determine the outcome of your application. You may choose not to answer the below question. Choose **ONE** section from A to E and fill in the appropriate box that best describes your ethnic group or background.

### A. White

British

Other	
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### B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Other	
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### C. Asian/Asian British

Indian

Pakistani

Bangladeshi

Other	
-------	--

### D. Black/Black British

Caribbean

African

Other	
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### E. Chinese

Chinese

Other	
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### F. Other Ethnic background

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## 7. Declaration

(please read this section carefully, by ticking and signing below you are confirming the statement to be true)

I  and   
of   
on  have read and understood the following and confirm that:

- All the information provided in the application form is true and correct
- I/we permit Hospitality Action to confer with HMCR to confirm work history disclosed in my/our application if I/we are unable to evidence the required period of work history to meet the criteria for membership of the Golden Friends scheme.
- Any false or misleading information can result in the withdrawal of membership of the Golden Friends scheme.
- I/we consent to the collection, processing and dissemination of this information by Hospitality Action in line with the General Data Protection Regulation (GDPR) (EU) 2016/679 and to its storage in both paper and digital format.

Applicant's Signature

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Name (Block Capitals)

--

Date

--

Spouse/Partner's Signature

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Name (Block Capitals)

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Date

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