



666

Construction Workers Benevolent Fund

Unit 39, Park West Enterprise Centre, Lavery Avenue, Park West Industrial Park,
Dublin 12. D12 KN36

REGISTERED CHARITY NO: 20013172

WINTER HARDSHIP GRANT

The Construction Workers Benevolent Fund was established in 1986 by the construction sector trade unions. It provides financial assistance to construction workers and retired construction workers who may find themselves in financial distress. The Winter Hardship Grant is part of this financial assistance support and provides a small assistance to qualifying applicants.

The Winter Hardship Grant is targeted at retired construction workers whose main income is a social welfare payment and who find themselves in winter hardship due to much higher-than-normal heating bills and/or higher than normal medical bills.

Please complete this Winter Hardship Grant form and return it by Friday 25th October 2024

Name: David Armstrong Date of Birth: 3-12-1955

Address: 95 Rutland Grove Cumlin Dublin 12.

Eircode: D12 E5C0

Mobile Phone No 0864026995 Email Address _____

Trade Union Name Building and Allied Trades Union.

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other – please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

3. Please indicate any extra medication or health supports you need in winter

None Had Heart Surgery, Have Diabetes, High Blood Pressure

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

Its just very hard to keep everything going

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: David Armstrong **DATE:** 15-1-2015

Data Protection. The information you provide herein is fully protected under the terms of the Data Protection Act 2018 and the General Data Protection Regulation (Regulation (EU) 2016/679). This information will be used solely by the Construction Workers Benevolent Fund to consider your circumstances for the awarding of the Winter Hardship Grant. It will not be shared with any other party or parties.

RETURN this form to The Construction Workers Benevolent Fund, Unit 39, Park West Enterprise Centre, Lavery Avenue, Park West Industrial Park, Dublin 12. D12 KN36.

For Office use only:

Cheque Issued Cheque Number: _____ Date: _____

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Name: MICHAEL BROMELL Date of Birth: 12.12.1953

Address: 32 LEADERWOOD GROVE CASTLECONNELL
LIMERICK V94 F7Y2 Eircode: V94 F7Y2

Mobile Phone No 086.1729325 Email Address lilybromell4@gmail.com

Trade Union Name Operative Plasterers Limerick Branch

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other - please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

3. Please indicate any extra medication or health supports you need in winter

Applied-Fuel Allowance

Applied for Medical Card

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

Just my wife & I live at home on the State Contributory Pensions I had a Stroke two years ago on a lot of Medication & my wife got a knee replacement in October.

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: Michael Seovell

DATE: 17/2/25

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Name: PATRICIA HUGHES Date of Birth: 13/3/44

Address: 8 SALLSFOLT LAWN, LUCAN, D. DUBLIN

Eircode: _____

Mobile Phone No 0863369297 Email Address _____

Trade Union Name CWPS - CONNECT TRADE UNION

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other - please state WIDOWS

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

3. Please indicate any extra medication or health supports you need in winter

I SUFFER WITH ACUTE TRANSVERSAL MYELITIS SINCE
~~2017~~ 2017 + NEED CONSTANT NERVE MEDICATION +
SUPPORT ALONG WITH PAIN RELIEF + OTHER THERAPY

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

AS I'M DISABLED, I CAN'T MOVE AROUND AS
I USED TO SO NEED HEATING ON CONSTANTLY
ALSO, THERE'S A LOT OF NERVE DAMAGE TO BLADDER
& BOWEL SO I NEED A CONSTANT SUPPLY OF HOT
WATER - THE BILLS ARE HIGH

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: Patricia Hughes

DATE: 20/11/25

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Name: JAMES O'DONOGHUE Date of Birth: 8/4/33

Address: 10 ARABEG PARK, ARTANE, DUBLIN 5

Eircode: _____

Mobile Phone No 085 255 3645 Email Address _____

Trade Union Name BRICK LAYER

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other - please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

3. Please indicate any extra medication or health supports you need in winter

NONE

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

LARGE BILLS DUE TO KEEPING WARM

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: James O'Donoghue

DATE: 12/1/2025

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