



## 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

~~652~~  
652

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 25<sup>th</sup> October 2024**

Name: MICHAEL ARMSTRONG Date of Birth: 22/3/1945

Address: ROOVES MORE COACHFORD  
CO CORK Eircode: P12 B773

Mobile Phone No 086 3206766 Email Address \_\_\_\_\_

Trade Union Name CARPENTERS UNION RETIRED FOR 15 YEARS

#### 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  OIL

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

COVERSYL ARGINE FOR BLOOD PRESSURE / DUTASTERIDE Hydrochloride  
HYLO FORTE FOR EYES WITH ENLARGED PROSTATE

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

JUST THE COST OF HEATING AND  
MEDICAL COST

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

**SIGNED:** Michael Armstrong **DATE:** 14/12/2024

**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: EDWARD DUFF Date of Birth: 13:06:1956

Address: 36 Esker Park, Lucan, Co Dublin  
Eircode: K78Y540

Mobile Phone No 086 22 39662 Email Address lostduffitos@gmail.com

Trade Union Name Connect (UCATT)

### 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

99C

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

Im a Diabetic + I recently had a triple by pass.

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

My son is physically + Mentally handicapped following an accident. He was hit by an uninsured driver while crossing the road to get a bus from work. He find it very difficult to heat the house. I do not receive the Carers Allowance.

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

**SIGNED:** Edward M. Duff

**DATE:** 08:12:2024

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109.

(654)



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**Please complete this Winter Hardship Grant form and return it by Friday 25<sup>th</sup> October 2024**

Name: JOSEPH LYNCH Date of Birth: 18/11/55

Address: 101 AYRFIELD DRIVE  
DUBLIN. 13 Eircode: \_\_\_\_\_

Mobile Phone No 0872419345 Email Address JOSPARKS1@AHOOD.IF

Trade Union Name ETU

### 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**

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

MORE EXPENSIVE

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

**SIGNED:** J. Lynch **DATE:** 16/12/24

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**Please complete this Winter Hardship Grant form and return it by Friday 25<sup>th</sup> October 2024**

Name: Barry O'Shea Date of Birth: 12.9.1952

Address: 5 Raheny Court Avondda Park  
DUBLIN 5 Eircode: D05W744

Mobile Phone No 086 8230418 Email Address solapowerbos@gmail

Trade Union Name Barry O'Shea CIF No 224240

### 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**

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

*Keep Heating to a minimum*

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

**SIGNED:** *Bobby O'Shea* **DATE:** *12.12.24*

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**Please complete this Winter Hardship Grant form and return it by Friday 25<sup>th</sup> October 2024**

Name: Philip Young Date of Birth: 28-3-1950

Address: 28 Dunmanus Court  
Cabra west Dublin 7 Eircode: D07X305

Mobile Phone No \_\_\_\_\_ Email Address \_\_\_\_\_

Trade Union Name Brother John Fenner

### 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

96C

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

IRRITABLE. Bowel Inflammation Disk.

Nervest Person Person. Tablets DS.

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

Details presented in attached letter \$

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

SIGNED: Philip Young

DATE: 16-12-2024

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**Please complete this Winter Hardship Grant form and return it by Friday 25<sup>th</sup> October 2024**

Name: DAVID COTTER Date of Birth: 30-9-1948

Address: 33, Connolly Road, Ballyphehane

CORK Eircode: \_\_\_\_\_

Mobile Phone No 0877503566 Email Address T12C6D8

Trade Union Name CONNECT

### 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**

I had STROKE so on blood Thinners + feel the cold.

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

Heating is very expensive. Its hard to heat the house

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

**SIGNED:** David Cotter **DATE:** 19-12-24

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**Please complete this Winter Hardship Grant form and return it by Friday 25<sup>th</sup> October 2024**

Name: WILLIAM DOYLE Date of Birth: 11-04-1954

Address: THE BURROW, ROSSLARE

Co. WEXFORD Eircode: Y35 F688

Mobile Phone No 086 6386002 Email Address —

Trade Union Name \_\_\_\_\_

### 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

(OIL HEATING)

94C

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

RHEUMATOLOGIST PROF FAHIM KHAN on going ~~ROVT~~ consultation  
MRTIVANSKI - SURORON BONE CANCER on going consultation  
DIABETIS, SARCOIDIS, CARDIC on going consultation  
(SABER HASSAN)

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

The last 2 years have been particularly difficult due to  
rise in cost of coal oil and electricity with bills over £400  
coming in for electricity every 2 months on top of buying bags of  
COAL per bag £30 each and 1/2 filling the oil tank cost £800

Being diagnosed with cancer this year on top of ongoing  
consultants for ARTHRITIS SARCOIDIS AND DIABETES these consultants can  
cost £250 or more depends on procedure. It all adds up and  
sometimes I have to choose between my health keeping warm  
and eating.

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

SIGNED: William Doyle

DATE: 12/12/2024

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