

Application for assistance form

A guide to completing this form

Who are we?

Unison Welfare is a charity exclusively for Unison members and their dependants. We offer a range of services including

- Financial assistance
- Support and personal advice
- Debt advice service
- Wellbeing Breaks*

[*Please complete the Wellbeing Breaks application form if you are requesting help with a family holiday, get well break or a break because of other special circumstances]

How do we help?

We provide financial support and advice to members who are experiencing hardship or distressing circumstances. Grants are awarded according to the information provided, your financial circumstances and our criteria. Generally financial help is by way of a grant for example to buy household items, equipment/adaptations related to disability, short-term assistance to help during periods of reduced income/increased expenditure. For further information please visit our website www.unison.co.uk/welfare

Who do we help?

Unison members and their family dependants are eligible to apply for assistance – including co-habiting/same sex couples. A dependant is defined as someone who is in full-time education up to aged 18 and/or who has special needs e.g. an immediate family member living in the same household and reliant on the member for care and financial support.

How to apply

Please complete sections 1 – 12. You can use a blank piece of paper if any section of the form seems unsuitable for your purposes or there is insufficient space. It is important to provide as much information as you can so that your application can be dealt with speedily. Any section left incomplete will delay your application.

We appreciate that some questions are very detailed but the more we know about your circumstances the easier it will be to tailor help that is appropriate to your needs.

Documentary evidence must be provided in support of income, housing costs and debt payments. Photocopies are acceptable but if this is difficult please send the originals which we will copy and return without delay. We will not be able to proceed with the application without this.

You should pass the completed form to your Unison Branch Welfare Officer who will check that all the information is complete and fill in section 13 and 14 and forward to our Head Office.

In most cases, grants are dependant on the support and recommendation of the branch welfare officer however if you experience difficulty in contacting her/him or there are special reasons for applying direct to Unison Welfare please telephone the Grants Team on the number below. A referral from another charity, statutory or voluntary organisation may also be accepted.

Please also see notes on back page

SECTION 1: ABOUT YOU AND YOUR PARTNER**Your details**

Surname First name Title (Mr, Mrs, Ms, Miss)

Date of birth / / Place of birth Status (Married, single, widowed, divorced, separated)

Address House no./building name Street name

Town/City Postcode

NI Number Contact phone number(s)

Email

Would you prefer our contact to be by phone, letter or e-mail?

Membership details

Branch Membership no. Date joined unison / /

Category of membership full student retired unemployed

Your partner's details

Do you live alone? Yes No

What is your partner's: Surname First name

Date of birth / / Place of birth Occupation

Is your partner aware that you have made this application? Yes No

For confidentiality purposes, if we need to discuss this application and are unable to contact you or the branch, would you like us to speak to your partner? Yes No

SECTION 2: ETHNICITY

Please tick the box relating to the ethnic group with which you most closely identify:

- | | |
|--|--|
| <input type="checkbox"/> White – British | <input type="checkbox"/> Asian or Asian British – Indian |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> Asian or Asian British – Pakistani |
| <input type="checkbox"/> White – any other White background, please specify | <input type="checkbox"/> Asian or Asian British – any other Asian background please specify |
| _____ | _____ |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Black or Black British – African |
| <input type="checkbox"/> Mixed – White and black African | <input type="checkbox"/> Black or Black British – Caribbean |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Black or Black British – any other Black background, please specify |
| <input type="checkbox"/> Mixed – any other Mixed background, please specify Asian or Asian British – Bangladeshi | <input type="checkbox"/> Chinese or other ethnic group – Chinese |
| _____ | <input type="checkbox"/> Chinese or other ethnic group – any other background please specify |
| _____ | _____ |

SECTION 3: ABOUT YOUR DEPENDANTS

Those living in the home – give particulars of children, other dependants/non-dependants who live in your home

NAME	SEX	AGE	RELATIONSHIP TO APPLICANT	EMPLOYMENT OR SCHOOL	WEEKLY INCOME IF EMPLOYED	WEEKLY PAYMENT TO HOUSEHOLD

Are you financially responsible for anyone else? Yes No

Is your home:

- Owner occupied
 Privately rented
 Council/ Housing Association

If Yes, please give details e.g. name, relationship, level and purpose of financial support

SECTION 4: ABOUT YOUR SITUATION AND THE ASSISTANCE YOU NEED

Your situation

Please tick all the reasons that apply and give a brief explanation in the box below – you may add a separate sheet if you want to write in more detail:

REASON	TICK ALL THAT APPLY	BRIEF EXPLANATION
Health issues or disabilities – you / immediate family		
Home adaptations needed due to disability within the family		
Off work due to sickness – please indicate dates stopped work and likely return		
Relationships are under strain		
Relationship breakdown		
I am/recently been in an abusive relationship		
Income has reduced due to a change in situation		
Struggling to pay bills		
Need an item that I cannot afford		
At risk of losing my home/possessions		
Expenditure is higher than usual		
Waiting decision on benefit applications		
Recently retired/made redundant/dismissed		
Recently bereaved		
Under pressure at work e.g. disciplinary/suspension		
Being bullied/harassed		
Other		

SECTION 5: ABOUT YOUR SITUATION AND THE ASSISTANCE YOU NEED continued

Assistance required

For what purpose is financial assistance requested?

If you need a specific item please provide details and cost.

If you are disabled and require certain equipment or adaptations please provide us with an assessment from an occupational therapist or similarly qualified person to confirm suitability.

If you need other help please indicate the areas of expenditure that concern you most and include supporting paperwork as appropriate.

What do you need help with? Please give breakdown if assistance in a number of areas is required together with cost wherever possible.

1	£ _____
2	£ _____
3	£ _____

Please list any other charities trusts and/or local authorities you have already applied to for assistance on this grant and give the results of that application

ORGANISATION	DATE	RESULT

SECTION 6: HELP FROM OTHER SOURCES

To allow us to use our resources to greatest effect, we may wish to approach other grant-making organisations and benevolent funds. Please provide complete details of current and previous employment even if now retired or if your partner is deceased.

Have you or your partner ever served in the Armed Forces?

Yes No

If Yes, please give details such as service number, regiment, rank etc

Please give details of any current or previous societies to which you or your partner belong.

Are your family/friends able to help financially with this request?

Yes No

If Yes, please give details.

Applicant

EMPLOYER	OCCUPATION	HOW LONG	MEMBERSHIP OF ANY UNION /OTHER PROFESSIONAL BODY

Applicant

EMPLOYER	OCCUPATION	HOW LONG	MEMBERSHIP OF ANY UNION /OTHER PROFESSIONAL BODY

SECTION 7: ABOUT ANY BENEFITS YOU ARE RECEIVING

Are you or your partner receiving:

Housing benefit?

Yes No

Help with mortgage costs through Income Support?

Yes No

Council tax benefit (including single occupancy discount)?

Yes No

If you have ticked yes to any of the benefits on the left, please give details

AMOUNT £	DETAIL

Are you waiting for a decision on any benefit applications or has an application for benefit been recently refused? Yes No

If yes, please enter details below.

SECTION 8: ABOUT YOUR FINANCES

- Now give the following details about your income and expenditure. This will help us ensure you are receiving all the benefits and other income you are entitled to.
- DLA will not be considered as income.
- Enter amounts on a weekly (W), monthly (M), quarterly (Q) or annual (A) basis, but do indicate what each one is by adding W, M, Q or A as appropriate.

Income (including all partner's income/benefits)

	APPLICANT £	PARTNER £
Take home pay		
Take home pay (partner)		
Additional part-time income		
P/time income (partner)		
Maintenance/CSA		
Boarders/sub-letting/children in work		
Statutory Sick Pay		
Retirement/widows pensions		
Occupational/private pension		
Other pensions		
Working Tax Credit		
Child Tax Credit		
Pension Credit		
Disabled Person Credit		
Income Support		
Child Benefit		
Carers Allowance		
Incapacity Benefit		
Industrial Injuries Benefit		
Attendance Allowance		

DLA mobility component

higher

lower

DLA care component

higher

middle

lower

Any other income – please indicate

Any other benefits:

Any other income:

Charitable income:

SECTION 9: ABOUT YOUR EXPENDITURE (ACTUAL)

	TOTAL £	ARREARS PAYMENTS
Mortgage (after deducting any DSS assistance)		
2nd mortgage/secured loan		
Mortgage endowment		
Rent (after deducting any housing benefit – Section 7)		
Nursing home fees		
Council Tax (after deducting any council tax benefit – Section 7)		
Private pension (non-employer)		
Ground rent/service charge		
Insurance: Buildings £____, Contents £____, Life £____, Medical £____		
Water rates		
Court fines		
Maintenance/CSA payments		
Carer/childcare costs		
Fuel: Gas £____, Electricity £____ Other (specify) £____		
Housekeeping (food, laundry etc)		
School meals		
Clothing		
Travel: Work £____, School £____		
Car maintenance costs – not included as travel		
Prescription costs		
Television £____, Internet/cable £____		
Telephone Home £____, Mobile £____		
Total Debts/Credit commitments (from section 11)		
Other expenditure – Specify		

SECTION 10: SAVINGS AND CAPITAL

Do you have any savings, capital or investments (including property)? Yes No

Examples include: Current account balance, Deposit and/or savings account balance, Building society account balance, National savings/premium bonds, Shares (market value), PEP linked to mortgage, Other savings (specify).

DESCRIPTION	YOU	PARTNER

If you own property please give the following information:

Property value £ _____

Mortgage outstanding £ _____

Years remaining on mortgage _____

Do you/your partner have any endowment policies due to mature in the next 12 months? Yes No

If yes please give details _____

Are you/your partner awaiting a redundancy/ superannuation payment and/or the outcome of a compensation claim? Yes No

If yes, please give details including anticipated amount _____

SECTION 12: APPLICANT'S DECLARATION

Please tick to show that you have read and understand the following information:

- I declare that the information I have provided is true and accurate, to the best of my knowledge and undertake to inform you of any changes in my circumstances that might affect any decision to grant me an award.
- I understand that the information I have provided will be used to process this application for assistance
- I authorise Unison Welfare to approach where appropriate, other agencies, other organisations and charities on my behalf.
- I confirm that I have read and understood Unison Welfare's statement on Data Protection in accordance with the Data Protection Act and consent to Unison Welfare holding and using the data on this form and any accompanying documents for the purposes of considering my application.

Signed

Date

Helping Unison Welfare to help others

Please tick the box as appropriate

How did you first hear about Unison Welfare?

- U Magazine
- UWelfare publicity card
- Branch rep
- Friend/work colleague
- Website
- Thompson's solicitors
- Other

From time to time we are approached to talk about our work. We also like to take every opportunity to make other members aware of the help that is available. This will help raise the profile of our work and could help in assisting more members. We do not pass on your details without first contacting you for your consent. Would you be willing to be contacted to talk about your experience?

Yes No

Now ask your branch welfare officer or other branch officer to complete section 13 and 14 – see guidance notes for further information.

BRANCH RECOMMENDATION AND DECLARATION

I support/do not support this application and do/do not recommend assistance from Unison Welfare. (please delete as appropriate)

Please give your specific recommendation:

1

£ _____

2

£ _____

3

£ _____

I declare that the applicant is being assisted by me.

I met the applicant to discuss this application.

Date of meeting: / /

I discussed this application by phone with the applicant.

Date of call: / /

I have checked that all sections have been fully completed and the necessary supporting paperwork is enclosed.

I will ensure that the applicant receives the relevant information sent to me by Unison Welfare

The member/applicant's cheque payee details are:

Signed

Date / /

Please return the completed application form, keeping a copy for future reference to:

**Unison Welfare,
1 Mabledon Place,
London, WC1H 9AJ**

What happens next?

We normally aim to look at all applications within 10 working days of receipt. Your branch will be informed of our decision and administration of payment if awarded. Either you or the branch may be contacted if we require further information.

Important to note:

- We do not fund items retrospectively and this includes items for which a deposit has been put down.
- If you have debts, you may be referred to our debt advice service before we take a decision on giving financial help.
- Where we feel you would be entitled to a grant from statutory sources you may be asked to look into this before we proceed with your application.
- Certain areas that are excluded from help include private medical treatment and private school fees. Our criteria fact-sheet will give you further information.

Data Protection

Under data protection, we are required to tell you what information we hold on you and how that information will be used.

If you apply to us for a grant, we require certain personal information about you to ascertain whether you are eligible for a grant. When we receive an application on your behalf we will open a file for you. This file will contain the grant application made on your behalf and any correspondence and information that we receive from others. It will also contain details of any payments that we may make to you.

The information in your file will be used to determine whether a grant can be made to you by the charity to maintain financial records as required by law.

A summary of information is entered onto a database.

We will keep all such information confidential and will not pass your details to any other person or organisation, except where we are required by law to do so to comply with Charity Commission requirements. We may disclose details of the grant made to you in our annual report for accounting disclosure purposes but not your name and address. We keep records for 6 years and destroy them after that time.

When applying to us for a grant, please confirm that you consent to our keeping your personal details on file and processing it for the above purposes.

Contacting us

If you have any queries or experience any difficulty in filling in the form please contact your local branch welfare officer or telephone the Grants Team on 020 7551 1620 who will be pleased to help.

Our commitment

We are committed to providing a confidential service. Nothing you tell us will be shared with any other organisation without your permission.

Our aim is to provide a quality service and we continuously work to improve standards. If this is not what you experience we would like to know about it. Similarly if we exceed your expectations then we would also like to know. Your comments are important to us and should be sent to the Head of Unison Welfare.

Confidential Case No:

Application for Financial Assistance