

**OFFICE USE ONLY**

Date application form received	Unison case number □ □ □ □	Date application assessed	Date decision (accept or reject) taken	FHA reference 6 □ □ □ □
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# UNISON Welfare wellbeing breaks application form 2006 Part A: Applicant information

Please refer to the Application Form Guidance Notes for further information.

**A1 Name of applicant (surname, first name)**

**A2 Membership details**

Membership No  UNISON Branch

**A3 Contact details**

Address

Postcode

Telephone number (home)  Work

Mobile phone number  Email

Please tell us the best time and means to contact you

Name and phone number (in case of emergency)

Next of kin

**A4 Details of applicant, partner and dependants included in the break**

First name <small>Please list all those included in the break</small>	Family name	Gender <small>Please enter one of the following: Male = M Female = F</small>	Date of birth <small>(dd/mm/yy)</small>	Position in the family <small>Please enter one of the following for each household member: Parent Legal guardian e.g. grandparent Dependant child Carer Other – please specify</small>	Ethnicity <small>White – British White – Irish White – any other White background, please specify Mixed – White and Black Caribbean Mixed – White and black African Mixed – White and Asian Mixed – any other Mixed background, please specify Asian or Asian British – Bangladeshi Asian or Asian British – Indian Asian or Asian British – Pakistani Asian or Asian British – any other Asian background please specify Black or Black British – African Black or Black British – Caribbean Black or Black British – any other Black background, please specify Chinese or other ethnic group – Chinese Chinese or other ethnic group – any other background please specify</small>
Example Louise	Smith	F	15/08/75	Parent	White – British
1					
2					
3					
4					
5					
6					

## A5 Meeting UNISON Welfare criteria

To be eligible for assistance with any wellbeing break you must be in financial need e.g. experiencing low income, loss of income and/or in receipt of means tested benefits.

### 5.1 Previous applications

Have you applied to the UNISON Welfare before?  No  Yes

### 5.2 For which type of wellbeing break are you applying? Please tick

- Family holiday (now go to A6)
- Get well break (now go to A7)
- Other special circumstances (now go to A8)

## A6 Family holidays

To be eligible for a family holiday:

- The family must not have had a holiday for at least four years
- In the case of an only child she/he must be at least three years of age at the time of the holiday
- The family are experiencing difficulties and in real need of a break

6.1 We have at least one child who will be aged three or over at the time of the holiday.  Yes  No

6.2 We have not been on holiday for at least four years (please complete a. or a. & b.)

a. Our last holiday was in  (please give year or write in 'never' if you never had a holiday as a family)

b. If never, please explain why?

- We do not have the money.
- We need help booking a holiday
- We have special needs, please specify.
- Other, please specify

Now go to A9

## A7 Get well breaks

To be eligible for a get well break you must meet one or more of the following criteria:

- Hospitalised within last 90 days having undergone surgery and requiring no nursing care
- Illness not requiring hospitalisation or nursing care that has prevented attendance at work for more than 90 days to aid recovery and return to work
- Serious illness not requiring hospitalisation or nursing care and diagnosed within the last 12 months
- Suffering a chronic condition but not benefited under this or any other criteria within the last 4 years  
(please note that you may be required to provide supporting information from your gp or other health professional)

7.1 Please provide more information on your health or that of family member.

Is the application because of (please tick appropriate box)

- Recent Surgery
- Serious Illness
- Poor Health
- Accident/Injury
- Stress
- Work Related

Please give date of surgery/accident/injury/onset of illness  /  /

If in employment give date when you: Stopped work  /  /  Expect to return to work  /  /

7.2 Are you a disabled person?  Yes  No

Please specify any access requirements you may need

Now go to A9

### A8 Other special circumstances

Breaks are available in a variety of special circumstances e.g.

- If you are a carer. To be eligible for a break from caring you must be a carer with day to day responsibility for a disabled dependant. We would normally expect you to be in receipt of carer's allowance.
- Following a bereavement of a partner or a dependant child in the last six months.
- If you have a terminal illness.

8.1 Please confirm whether this applies to you and describe your special circumstances in A9 below  Yes  No

Now go to A9

### A9 A break is needed because...

In your own words, please say why a break is needed.

Please continue on a separate sheet if necessary.

Please tick all the reasons that apply and give a brief explanation. Double (✓✓) the most important reason.

Reason	Tick (✓) all that apply and double tick (✓✓) the most important one	Brief explanation
1. Lack of opportunity to spend time together as a family.		
2. Recently reunited / reconstituted family.		
3. Recovering from recent trauma/bereavement.		

Question continued overleaf

4. Under pressure due to ill health and / or disability.		
5. Need a break from the strain of daily life.		
6. Need a break from stressful living environment. ie poor housing lack of play area, neighbour dispute, etc.		
7. Need a break from worries and stress.		
8. Limited experience of / opportunity for fun.		
9. Need a break from the hard work of caring.		
10. Being bullied or harassed at work.		
12. Other, please specify.		

### A10 When you can take your wellbeing break

10.1 Please number the following options in order of preference, using 1 to 3 with 1 = preferred and 3 = least preferred.

Please also tick (✓) your preferred month in the relevant boxes with dates.

**Note:** For working members, get well breaks must be taken prior to returning to work and within 10 weeks of being notified that assistance has been agreed.

Availability  Limited Availability  No Availability

Type of break	Number 1-3 in order of preference	We could go in (please tick preferred month)											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Direct grant													
Short break													
Croyde Bay		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Holiday Centre		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Grant for outing (only in school holidays)													
Convalescent Centre (mainly applicable to older members)		<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>

Please note that the majority of short breaks and holiday centre 'holidays' including Croyde booked through the FHA are during school term time. This is because larger discounts for off-peak holidays have been negotiated which allows us to help more families with a holiday. Therefore if your preference is for a break in the school holidays then a request for a direct grant may be the preferred option.

10.2 How will you travel to your holiday destination? a. by car  b. by public transport

## A11 Information about your finances

### 11.1 We are on a low income because of (please tick all that apply)

- Reliance on income/health related benefits.**  
 Council Tax Benefit                       Disability Living Allowance                       Carers Allowance  
 Housing Benefit                               Tax Benefits     Income Support / JSA  
 **Low income because of:**  
 Low pay     One main wage earner     Health problems  
 Loss of pay     Income under £23,000

### 11.2 Please give details of your household income and expenditure. This will help us to ensure you are receiving all the benefits and other income you are entitled to. DLA will not be considered as income. You can complete the columns using weekly and/or monthly figures whichever is easier.

Income – Weekly / Monthly (please delete as applicable)		
	Applicant £	Spouse/partner £
Take home pay		
Working tax credit		
Child Tax credit		
Stat Sick Pay/Incapacity benefit		
Income Support		
State Retirement Pension		
Pension Tax Credit		
Occupational/Private Pension		
DLA mobility – indicate Higher or lower		
DLA care – indicate higher, middle or lower		
Carers Allowance		
Any other benefits		
Any other income e.g. child maintenance		
Other – Please state		

Expenditure – Weekly / Monthly (please delete as applicable)	
Amount	£
Mortgage/rent (less rebate)	
2nd Mortgage/secured loan	
Mortgage Endow	
Council tax (less rebate)	
Water rates	
Insurance e.g. building & contents/life/medical	
Gas/electricity/fuel	
Travel	
Phone	
Childcare/child maintenance	
Housekeeping – food etc	
Other credit/loan/debt payments	
Other – please state	

### 11.3 Do you have any savings, capital or investments? Yes    No

If yes please give details and amount e.g bank, building society, investments – including any linked to a mortgage e.g. PEP etc.

### 11.4 Any other information relating to income, outgoings or savings.

Please use this space to mention anything else about your income, outgoings or savings which might be of interest including any special or unexpected circumstances putting pressure on the household budget.

## A12 Checklist

12.1 When returning this form please include copies of the following supporting documentation to confirm income and expenditure:

- Most recent payslip(s) (if paid weekly submit the last 4 payslips)
- Most recent bank statement (if most income/outgoings are paid by debit card, direct debit/standing orders etc a bank statement confirms this)
- Other documentation to support income and expenditure details

## A13 Member declaration

Please tick (✓) to show that you have read the information and accept our terms and conditions. Please note that without this we cannot consider your application.

- I/We have included details of all income and expenditure, including debts and credit commitments
- I/We enclose copies of recent payslip(s), bank statements and/or other statements to verify expenditure
- I/We agree that the information provided is correct and that if UNISON Welfare awards us a wellbeing break or contribution towards a break we will use it for the intended purpose.
- I/We will notify UNISON Welfare or the FHA immediately if for whatever reason we are unable to take up the offer of a break and return any monies given to us.
- I/We will complete and return an evaluation form within four weeks of taking the break.
- I/We understand that UNISON Welfare will not fund a break retrospectively, this includes funding a break where a deposit has already been put down.
- I/We understand that UNISON Welfare and FHA need to collate information on the member it assists and breaks provided, in order to plan its service and attract funding. To protect confidentiality any information used will not identify individual by their names and addresses. I/We agree to our details and feedback being used in this way and held in accordance with the terms of the Data Protection Act 1994 & 1998.

I/We have ticked all the boxes above to show that we have read and agree with the terms of any wellbeing break awarded (please note that without your agreement we are unable to progress the application).

Signed

Date

## A14 Helping UNISON Welfare and FHA help others (please tick (✓) the box if you agree)

14.1 How did you hear about UNISON Welfare's well being break? U Magazine  UNISON Welfare publicity card  Branch rep   
Friend/work colleague  Website  Thompsons Solicitors  Other

14.2 From time to time we are approached by the media 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 families. 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, either to a journalist or on TV or radio?

14.3 Finally, as part of our commitment to members, we occasionally meet with them to consider how to provide our service in a better way (any agreed travel costs are reimbursed). Would you be interested in meeting with us?

Now ask your branch welfare officer or other branch officer to complete section B  
(see guidance notes for further information)

# Part B: Referring UNISON branch

(to be completed by the welfare officer or other branch officials)

Please only complete this section if you fully support this application and are confident that the information supplied by the applicant is correct to the best of your knowledge, and that the member will take up an offer of a break if granted. Please note that any expense payment will be made direct to the member. *Any errors in the payee details may result in a delay.*

**B1 Your name**

**B2 Position in branch**

**B3 Name of your branch**

**B4 Address**

Postcode

Telephone

Mobile

Email

Please tell us the best time and means to contact you

**B6 Will your branch make a financial contribution towards this case and/or our work to help UNISON Welfare help more members.**

- Yes. We can donate £  We recommend a minimum donation of £50, but any donation will help us help more families.
- No

Donations should be made by cheque payable to UNISON Welfare

**B7 Please provide us with a supporting statement and any further information to help us assess this request.**

**B8 If you feel this member needs additional help or advice, please phone us to discuss before sending the form in. This will help us determine whether a further application form needs completing or if there is sufficient information to work on. For more information on how we can help visit [www.unison.org.uk/welfare](http://www.unison.org.uk/welfare) or call 020 7551 1620.**

No other needs identified  Spoke to  on

Advised: (please indicate below)

## B9 Monitoring information to help UNISON Welfare future work (optional)

Please note that the following information is not taken into account when considering the member's/family's application, but is important to UNISON Welfare to help further its work.

As far as you are aware, do all or any members of the family group come into any of the following categories? Please tick all that apply and explain in the further details section whether it is an adult or child (or both) that fall into this category.

Category	Please tick all that apply	How many members?	Further details
Example 3. Disabled children	✓	one	James, the eldest child in the family, is autistic
1. Carers			
2. Children on the child protection register			
3. Disabled Children/Disabled Adult			
4. Disadvantaged people living in rural areas			
5. Disadvantaged people living in urban areas			
6. Domestic violence			
7. Gay men and / or lesbians			
8. Homeless people			
9. Literacy problems			
10. Offenders or ex-offenders			
11. People affected by HIV or AIDS			
12. People in debt			
13. People living in residential care			
14. People who have been abused			
15. People with learning difficulties – please specify			
16. People with mental illness			
17. People with physical illness – please specify			
18. Refugees and / or asylum seekers			
19. Substance abusers			
20. Travellers			
21. Unemployed people			
22. Victims of crime			
23. Women and girls			
24. Other – please specify			

## B10 Branch declaration

Please read the following statements carefully and tick the boxes to show that you have read and understood the conditions of any wellbeing break awarded.

- I declare that the applicant is being assisted by me and that the information given by them is correct and complete to the best of my knowledge.
- If assistance is agreed I understand that any payment will be made direct to the member unless indicated otherwise.

The member/applicant's cheque payee details are:

- I will ensure that the applicant receives the relevant information sent to me by the FHA or UNISON Welfare.
- I will complete and return a monitoring form within four weeks of the applicant taking a break.

I have ticked all the boxes above to show that I have read and understood the conditions.

Signed

Date

Please return the completed application form, keeping a copy for future reference, to:  
UNISON Welfare, 1 Mabledon Place, London WC1H 9AJ