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| **CARILLION EMPLOYEES - THERE FOR YOU (UNISON WELFARE) - EMERGENCY GRANT APPLICATION FORM****Appendix One** |
| Name/Membership No/Contact Tel No/Email address of Member |  |
| Number of people in household and breakdown of relationship to member (include ages of any children) |  |
| Reason for Emergency Payment request including a summary of the events/difficulties that have resulted in the emergency situation |  |
| Have all available options of short-term credit been exhausted including overdraft facilities? |  |
| Documents required to process application:***\*Banks statements for all accounts for yourself and partner (if applicable) showing current balances (if unavailable, cashpoint printouts can be accepted);\*Written confirmation that salary payments have been delayed as a result of the Carillion issue*** |  |
| Food – does your household have food available for the next 3 days?Heating/lighting – do you pay for gas/electricity via a pre-payment meter?Travel to work/school/hospital – are you and/or partner/dependants able to access essential travel for the next 3 days? *If not, specify the daily cost.* |  YES/NO\* YES/NO\* YES/NO\* |
| If an Emergency Grant is agreed, will you be able to access a payment transferred directly into your account?***If Yes, please give the account number and sort code*** |  YES/NO\* |
| Member’s Declaration:* I confirm that the information I have given is correct;
* I understand that if this emergency grant application is successful, I will not be eligible to apply for a further Emergency Grant within the next 3 years;

Signature............................................................................ Date.......................................... |