

THERE FOR YOU (UNISON WELFARE) - EMERGENCY GRANT APPLICATION FORM	
Name of Branch supporting application and Name/Position/Tel No. of contact person	
Name, Membership No. and Contact Tel No. 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.	
Details of supportive documentation provided to the Branch by the member – if a current bank statement is unavailable, a cashpoint printout should be provided as a minimum.	
Food – does the member have food available for the next 3 days? Heating/lighting - does the member pay for gas/electricity via a pre-payment meter? Travel to work/school/hospital – are the member and/or dependants able to access essential travel for the next 3 days? <i>If not, specify the daily cost.</i>	YES/NO* YES/NO* YES/NO*
Total amount requested	
If an Emergency Grant is agreed, is the Branch able to make a cash payment on behalf of thereforyou/UNISON Welfare (authorised payments will be reimbursed once an application form is received)?	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 another Emergency Grant in the future; ➤ I will complete a full application form for assistance and forward it to thereforyou/UNISON Welfare with supporting documentation as soon as possible; ➤ *I understand that my Branch Welfare Officer or an alternative Branch Officer where appropriate will be informed of my Emergency Application;	
Signature..... Date.....	
* Delete as appropriate	