



GRANT APPLICATION FORM

How NUJ Extra can help

NUJ Extra is a registered charity, regulated by the Charity Commission and has to abide by the rules laid down by them. Applications for help will be considered from NUJ members and, in some cases, former members. We consider each case on its merit and work to guidelines which we review every year. We can make one-off grants to meet urgent bills or specific requests and very occasionally we make regular weekly grants. Two of our main rules are that charitable funds should not be used to replace State benefits or to pay for private medicine or private education fees. Applicants should apply for any benefits they may be entitled to. Further information on how and when we can help is available on our website - www.nujextra.org.uk

How to apply for help

Complete this form and return it to the Administrator, NUJ Extra, Headland House, 308 Gray's Inn Road, London, WC1X 8DP. When we receive your form we will inform your nearest NUJ branch that you have applied and ask them to make a recommendation on your behalf. You may be contacted by an officer of the local NUJ branch who will be able to keep in day-to-day contact with you. All information on this form is confidential and will be only divulged to Trustees and/or your local branch's committee and welfare officer.

The information you give us on the form will help us to determine the level of assistance we may be able to give so please complete all sections of the form as fully as possible. If you are asking us to consider payment of particular bills, copies of these should be submitted with the application form.

Remember - applicants must claim all State benefits to which they are entitled.



Application for NUJ Extra grant

(Please complete all appropriate white areas)

Your Details

Full Name

Date of Birth

Status

(tick box)

Member

or Dependant of Member

NUJ Membership No (if known)

Address

Telephone Number

Email Address

Why are you applying for help?

Give details of your circumstances highlighting your most pressing needs and how much these will cost. If you need help in purchasing a piece of equipment, for example, please give details of the financial cost involved. If you need more space please append an additional sheet to the form. The more details you can give the better we can assess your application. Medical needs should be outlined on page 4. If you need help with specific bills, please send copies of the bills with this form.

Your income

All applicants

	Weekly	Monthly
state pension		
personal/company pension		
wages/earnings		
interest from savings		
rent received		
contributions from your family or partner's salary/pension		
other income (average per week or month), give details		
child benefit		
job seekers' allowance		
income support benefit		
family credit/carer's allowance		
council tax benefit		
housing or mortgage repayment benefits		
other state benefits		

Applicants in Republic of Ireland only

	Weekly	Monthly
social welfare benefit		
health board benefits		
other state benefits		

Expenditure

All applicants

	Weekly	Monthly
rent/mortgage		
ground rent/service charge		
council tax/rates		
water rates		
utility bills (fuels)		
childcare		
buildings/contents insurance		
telephone		
travel		
housekeeping, food etc		
prescriptions		
other		

Savings

	£/€
bank	
post office	
building society	
investments including property other than your own home	
TOTAL	

Debts

All applicants

	£/€
credit cards	
bank loans	
mortgage/rent in arrears	
hire purchase	
other	

Your dependants

Please tell us about your dependants.

It is NUJ Extra policy that a "dependant" does not have to be a relation.

	Name	Age	Relationship	In Employment	In Education
1					
2					
3					
4					

Your next of kin or close friend

Full Name

Address

Post code

Telephone Number

Daytime

Evening

Other needs

Do you need to spend money regularly for any particular reason related to a disability/medical condition?

Details and average weekly cost

Signature of applicant

NUJ Extra will use the information you have provided and other information you may provide in the future to ascertain your eligibility for assistance. We will not disclose this information to any other person or organisation except in connection with this purpose as indicated. The information may include data covered by the Data Protection Act 1998. Your signature below will be taken to indicate your consent to us using this data in this way.

To the best of my belief the information I have given is correct and I have fully declared all my income, savings, assets and expenditure.

**Signature
of applicant**

Date

Signed on behalf of applicant

Nature of relationship

Now send this form to:

The Administrator

NUJ Extra, Headland House, 308 Gray's Inn Road, London, WC1X 8DP or email to: lenac@nuj.org.uk

If necessary we will contact the local NUJ branch on your behalf.

Branch recommendation section

(to be completed by NUJ branch officer)

The branch committee of _____ branch certifies that, to the best of our knowledge, the information give above is correct. The branch would like to make the following recommendation and give further details relevant to the application:

Signed

Branch position