|  |  |
| --- | --- |
|  | Cardiff University Branch  **Hardship Fund**  Claim Form |

**Please ensure you read the Guidance before completing this form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** |  | **Family Name** |  | |
| **Email address** |  | **Telephone** |  | |
| **College/Service** |  | | | |
| **UCU membership number** | |  | | |
| **If you have applied to the national fighting fund please give your claim number** | |  | | |
| **Grade** |  | **Full- or Part-Time** | |  |

|  |  |  |
| --- | --- | --- |
| **Dates relating to claim** | **Number of hours / days you would have worked** | **Amount lost due to strike action**  **(£)** |
|  |  |  |
|  |  |  |
| **Total amount claimed (£):** | |  |

Please attach relevant pay slips. See Local Hardship Fund Terms & Conditions for details of other documents you may need to provide.

**Typical monthly/weekly earnings from the University:**

If it is convenient to use any other period, e.g. term, year, please do so, and indicate the time period.

**Do you wish to claim Special Circumstances?**

**Special Circumstances/Further information.** Please explain why particular hardship has been caused. Also indicate if these dates would not have been typical or if you wish to provide any further information for the Assessment Panel to consider

|  |
| --- |
|  |

If your claim is successful, funds will be made by bank transfer. **Please provide details below**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank Name:** |  | **Account Holder Name:** |  |
| **Sort Code:** |  | **Account Number:** |  |

**Declaration: I confirm that I took strike action on the days stated and that the information on this form is correct.**

Signed Date