

SOMERSET COUNTY BRANCH



APPLICATION FOR FINANCIAL ASSISTANCE FROM UNISON'S BRANCH INDUSTRIAL ACTION FUND

This application form is intended for members of Somerset County Branch of UNISON who have participated in Official Industrial Action and have suffered financial loss leaving them in potential hardship.

Your name (please print)

Your membership number

Your workplace

Your home address

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Your home or mobile phone number

Amount of financial support you are seeking

Please explain the specific problem you are facing due to financial loss incurred, as a result of taking Industrial Action. .

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You MUST enclose a copy of your pay advice slip that shows the deduction of pay for Industrial Action and your previous month.

Signature

Date

Office Use Only

Agreed

Amount

Date of Panel