School Clothing Grant 2022:

Application form

BACS payment).



Important: Before starting your application, please ensure you carefully read the '**How to Apply Guide**'. We cannot accept applications that do not include a membership number and all supporting documents. If you do not know your UNISON membership number, please contact UNISONdirect on 0800 0 857 857 for this information.

Complete the form and email with supporting documents to: grants.schoolclothing@unison.co.uk Please ensure any documents are password protected.

Membership Number:					
Title:	First name:	Last name:			
Full a	ddress including postcode:				
Conta	ict number:				
Conta	ct email address:				
Are y	ou single or live with a part	ner? Single □ Living with partner □			
What	is your job title?				
	many children under the age the summer break?	e of 18 live with you and will be returning to full-time education			
Pleas	se provide their ages: (e.g.,	6,11,13):			
If you	work in the care or healthcare	e sector, has COVID affected your ability to fund your children's school			
clothir	ng, and if so, how?				
My sit	tuation:				
I confi	, ,	vith that of my partner if applicable) is less than £26,000 per			
YES	\square NO \square				
Or					
I am ir	n receipt of one of the followin	g benefits: Universal Credit, Housing Benefit or Tax Credits			
YES	\square NO \square				
Your	bank details				

There for you is the working name of UNISON Welfare, a registered charity supported by UNISON the trade union. Registered charity no.1023552/SCO38305

Your bank details (please ensure that the correct account details are provided – the charity will not be responsible for payments made using incorrect information, if a grant is agreed we will transfer this by

Name on account:					
Sort code:Account number:					
Decla	ration –				
	ensure that all questions are ticked to confirm that you	ou have read and understood what is			
I confi	I confirm that the information I have given is a true reflection of my/our circumstances.				
YES	\square NO \square				
I confirm that I/we do not have more than £1000 in savings/rolling bank balance(s).					
YES	\square NO \square				
I understand that my application will not be considered without all the supporting paperwork; and the date of receipt will be taken as the date the application plus all documents have been provided.					
YES	\square NO \square				
for the ensuri	to the information on this form and any supporting papers sole use of the Charity's records to process this and any f ing that we handle all data which we hold about you in a sa ance with the General Data Protection Regulations (UK) 2	uture applications. (We are committed to fe and responsible manner and in			
YES	\square NO \square				
For a	copy of our privacy policy, email thereforyou@unison.	co.uk			
Signe	d:	Date:			
Docur	nent Checklist				
	include the following documents. If you do not provide, thay miss out on a grant.	ese your application will be delayed, and			
	Most recent payslip for both you and your partner (if applicable). Most recent bank statement(s) for all accounts held for you and your partner (if applicable). Your bank statement must show all income and transactions for a complete month including Child Benefit payments.				
	(if you are applying because you are in receipt of: Universust include):	sal Credit, Housing Benefit, or Tax Credit			
	Proof of Universal Credit, Housing Benefit or Tax Credit payments.				

There for you is the working name of UNISON Welfare, a registered charity supported by UNISON the trade union. Registered charity no.1023552/SCO38305

Publicity & Monitoring Information

Please note that information in the monitoring section will not affect your application. It is taken for monitoring purposes only and is not shared with those considering your application. Under GDPR (UK) 2018 Regulations we need your explicit consent to store the following data: Do you give us permission to store your Ethnicity and Disability (if applicable) data:

Signed:		Date:				
Ethnicity White British	Other white					
Black or Black British African □ Caribbean □	Other black \square					
Mixed White & black Caribbean □ Any other mixed □	White & Asian □	White & black African □				
Asian or Asian British Indian Pakistani Other ethnic group (please specify)	Chinese	Other Asian □				
Disability						
Would you describe yourself as a disabled person?						
YES D NO D						
Publicity – help us to help others						
We like to take every opportunity to make others aware of the help that is available, raise our profile and reach out to more members. Can we contact you to talk about your experience?						
YES □ NO □						