

GRANT APPLICATION FORM

Who are we?

NUJ Extra is the welfare charity of the National Union of Journalists which is a registered charity, regulated by the Charity Commission and must abide by its rules. Although we deal with applications as soon as possible, the need for applications to be fully considered by Trustees may take some time. So, although we will do our best, emergency grants may not be possible.

Who can we help?

Applications for help from NUI Extra will be considered from members of the NUJ, dependants of deceased NUJ members, and ex members of the NUJ who have left in good standing. In all cases, the NUJ member must have paid at least one year's contributions at the appropriate full members' rate in order to be considered for assistance. Former members, whose membership ceased because of lapsing or expulsion, shall not normally qualify for help, unless extenuating circumstances are established to the Trustees' satisfaction.

How can we help?

Each case is considered on its merit and the Trustees work to guidelines reviewed annually. The Trustees can agree to make one-off grants to meet or part-meet urgent bills or specific requests and very occasionally may agree a regular grant.

Our aim is to give financial support in times of need. However, we cannot subsidise those who, in the long term, find it difficult to make a living from journalism, or with grants to maintain an existing lifestyle or make loans. If an applicant is in debt, we would expect assistance to have been obtained from a debt counselling service.

Our main rules are that our funds

- will not be used to replace State benefits and applicants must apply for benefits
- will not pay for private education fees
- will not be used to clear credit card debts
- will not be used for legal bills
- will not normally pay for private medical fees where State provided care is available

How to apply

Complete this form and return it to the Fund Administrator, to the address below or email to extra@nuj.org.uk. 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 contact with you. All information supplied by you is kept confidential and will be only divulged to Trustees and/or your local branch's committee and welfare officer.

The information you declare 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 and enclose evidence required. This will prevent delays in processing your application. If you are asking for consideration of payment of bills, copies of these should be submitted with the application form. In most cases, payment of such bills will be made direct to the organisation concerned.

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

Reference number: Date of Application received

Application for NUJ Extra grant

(Please complete all questions)

(1). Your Details

Title - Dr, Ms, Mrs, Mr etc			
Name(s)			
Surname			
Date of Birth			
Status	Member <input type="checkbox"/>	Former member <input type="checkbox"/>	Dependent of member <input type="checkbox"/>
Address			
	Postcode		
Telephone/Mobile			
Email Address			
NUJ Membership Number			
NUJ Branch			

(2). Why are you applying for help?

Give details of your circumstances highlighting your most pressing needs and how much these may cost. If you need help in purchasing a piece of equipment, for example, 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 under "(11) Other needs." If you need help with specific bills, please send copies of the bills with this form.

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(3). Your household income

All applicants – please complete this for your household.

Please include anyone living with you.

	Weekly £/€	Monthly £/€
State pension / Pension credit		
Personal or company pension		
Your wages or earnings		
Contributions from your partner's salary/pension		
Contributions from your family's salary/pension		
Other income (average per week or month) Give details		
Interest from savings		
Rent received		
Housing benefit		
Maintenance payments		
Child benefit		
Tax credit		
Jobseekers' allowance (JSA)		
Income support benefit/family credit		
Disability living allowance (DLA) & Personal Independence payment (PIP)		
Carer or attendance allowance		
Council tax or housing benefit		
Universal credit (replaced child tax credit)		
Housing or mortgage repayment benefits		
Other state benefits		
TOTAL		

(3a). Applicants in Republic of Ireland only

	Weekly £/€	Monthly £/€
Social welfare benefit		
Health board benefits		
Other benefits		

(4). Your household expenditure

All applicants – please complete this for your household

	Weekly £/€	Monthly £/€
Rent or mortgage (after benefit)		
Ground rent/service charge		
Council tax/rates (after benefit)		
Water rates/sewage charge		
Electricity/Gas		
Other fuels (including oil/coal/calor gas)		
Childcare		
Carer costs (not covered by benefits)		
Buildings/contents insurance		
Telephone/mobile		
TV/internet/satellite/cable		
Travel (public transport, taxis)		
Car costs (include insurance/MOT/Tax/running costs)		
Food & Housekeeping		
Prescriptions		
Insurance (House/contents/car/life assurance etc)		
Other		
TOTAL		

(5). Savings

	£/€
Bank	
Building society	
Post office (NSI) and others	
Investments including property other than your own home	
TOTAL	

(6). Living Details: (please tick the relevant box)

Home owner	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Other	<input type="checkbox"/>
If a home owner please state the approximate value of your property £/€					
If a home owner, how many bedrooms does your property have?					
Do you receive benefits towards your housing costs? y/n					
Rent	<input type="checkbox"/>	Mortgage	<input type="checkbox"/>	Council Tax	<input type="checkbox"/>
				Other	<input type="checkbox"/>

(7). Debts

All applicants

	£/ €
Credit cards	
Bank loans	
Mortgage/rent in arrears	
Hire purchase	
Other	

(8). Support or Advice

a). Have you received any help or grant from us before?

Yes ☐ **No** ☐

b). Have you had any advice about your debts? Please give details:

[illegible]

c). Have you been given any help from other organisations, charities or welfare state?

Yes ☐ **No** ☐

d). If **yes** please specify the date and organisation(s)

[illegible]



(9). Your dependants

Please tell us about your dependants, anyone that you are financially responsible for:

NUJ Extra policy is that a “dependant” does not have to be a relation.

	Name	Age	Relationship	In Employment Or training	In Education
1					
2					
3					
4					

(10). Your next of kin or close friend

Full Name		
Address		
	Postcode	
Telephone/Mobile		
Email Address		

(11). Other needs

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

Details and average weekly cost

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(12). Documentation

Finally, please attach relevant supporting documents to help us consider your application: bills, quotes, bank statements, correspondence etc.



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 General Data Protection Regulations (GDPR) 2018.

Your signature below will be taken to indicate your consent to us using this data in this way.

To the best of my knowledge 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:

NUJ Extra, the Fund Administrator, 72 Acton Street, London WC1X 9NB or email to: extra@nuj.org.uk

Don't forget to include your documentary evidence.

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

Branch recommendation section

(To be completed by an NUJ branch officer)

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

Signed

Branch position