



District Hardship Fund Application Form

Payment must be in accordance with Regulation 23 of the Local Financial Regulations

Name		Date(s) of strike action	
School		Membership Number	
Email		Amount Deducted*	

Special circumstances causing the hardship (over and above those suffered by other NEU members)

Account Number		Sort Code	
Account Name			
Bank			

**If this request is agreed, payment will be made on production of two salary slips, one showing normal pay and the other showing the net deduction. Please see the Local Financial Regulations for full details.*

Signature		Date	
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(District Hardship Committee use only)

Approval 1

Amount Approved	YES / NO
Name	
Signature	

Approval 2

Amount Approved	YES / NO
Name	
Signature	

MEMBER NOTIFIED YES / NO	PAYMENT MADE YES / NO
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