

NEU Trust Fund Ltd  
Hamilton House  
Mabledon Place  
London  
WC1H 9BD  
[www.neu.org.uk](http://www.neu.org.uk)



Registered Charity No 1123305

## NEU TRUST FUND LTD APPLICATION FORM

THIS INFORMATION THAT YOU PROVIDE WILL BE TREATED IN THE STRICTEST CONFIDENCE. PLEASE COMPLETE THE FORM AND RETURN TO THE TRUST FUND ADMINISTRATOR AT [TRUSTFUND@NEU.ORG.UK](mailto:TRUSTFUND@NEU.ORG.UK).  
IF YOU HAVE ANY QUERIES REGARDING THIS FORM PLEASE CALL 020 7782 1573 OR E MAIL: TRUSTFUND@NEU.ORG.UK.

### Applicant's details

PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS

Surname \_\_\_\_\_ Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_  
First name \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_  
Mobile Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

### Membership and teaching career

I am eligible because:

- I am a member of the NEU
- I was a member of the NEU/NUT/ATL\*
- I am a dependant of a NEU/NUT/ATL member\*

\* Please Tick as appropriate

membership number \_\_\_\_\_

Start date of membership \_\_\_\_\_

End date \_\_\_\_\_

(If applicable)

**Application**

I'm applying for financial help because (please give careful consideration to your needs):

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Please continue on a separate sheet if necessary

**Health**

My health is: Good  Poor

If poor please give details:

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**Long term sick leave**

If you are on long term sick leave, when did you start sick leave: \_\_\_\_\_

Please state the date you commenced or expect to go on to:

Half pay \_\_\_\_\_

Nil pay \_\_\_\_\_

**Employment status**

I'm currently in:

Full-time employment	<input type="checkbox"/>	Current or last post	_____
Part-time employment	<input type="checkbox"/>	Place of work	_____
Unemployed	<input type="checkbox"/>	Date of appointment	_____
Retired	<input type="checkbox"/>	Date of leaving (if applicable)	_____

**Family members/dependents**

Please give details of members of family, lodgers or anyone else who is resident in your household. There is no need for you to include yourself.

Name	Date of birth	Education Yes/No	Employment Yes/No	Relationship to applicant	Income

**Assets for all those contributing to the running of the Household**

Other accounts or savings	_____	How long has your mortgage left to run?	_____ Years
The value of any other investments	_____		
<b>Total value of savings and investments</b>	_____		

**Bank/Building Society Details**

Should the Trustees make a grant, you will be paid directly into your bank account. Please provide the following details:

Bank/Building Society name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Sort Code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Account Number: \_\_\_\_\_

Account name: \_\_\_\_\_

 Building Society Reference: \_\_\_\_\_  
 (If applicable)

**Finances for all those contributing to the running of the Household**

<b>Income After Deductions</b>	<b>Monthly £</b>	<b>Expenses</b>	<b>Amount £</b>	<b>Paid Monthly</b>	<b>Paid Annually</b>
				<b>Please Tick</b>	
Salary (after tax and NIC deductions)		Mortgage Repayments			
Occupational Pension(s)		Rent			
		Water and Sewerage Rates			
Spouse or Partner's Salary/Pension(s)		Energy Costs			
Family Contributions		Council Tax			
		Insurance Premiums			
Maintenance		i. Car			
Rental Income		ii. Contents			
Dividends/Interest on Savings		iii. Buildings			
		iv. Pet			
State Pension		v. Other			
Jobseekers Allowance		Car/Transport Costs			
Universal Credit		i. Car Loan			
Disability Allowance/PIP		ii. Servicing			
Attendance Allowance		iii. DVLA			
Sickness/Incapacity Benefit		iv. Fuel			
Income Support		v. Rescue Services			
Working Family Credit		vi. Other			
Child Tax Credit		Credit/Store Cards, please list below			
Child Benefit					
State Funeral Grant					
State Bereavement Benefit					
Current NEU Grant					
NEU Funeral Grant		Loans, please list below			
		Housekeeping and Food			
		Telephone/Mobile			
		Internet			
		TV, Cable, Satellite			
		Subscription TV			
		Subscription Audio e.g. Spotify, Deezer etc.			
		Childcare/Maintenance			
		Service/Over Draft Charge			
		Medical/Optician Expenses			
		Union Subscription			
Other income or state benefits		Any other living expenses			
<b>Total monthly income</b>		<b>Total monthly expenditure</b>			

Please provide documentary proof of your income, benefits and debts e.g. wage slips, bank and building society statements, together with proof of any debts that you might have.

## References

Please note that we cannot accept your GP (local doctor), family members or relatives as referees, or any party with a financial interest in any award made such as a supplier.

Name
Relationship to applicant
Address
Postcode
Telephone(s)
E-mail

Name
Relationship to applicant
Address
Postcode
Telephone(s)
E-mail

Yes  No  please tick the box to consent to us emailing your referees.

Have you previously made an application to this or any other fund for help?

Yes  No

If yes please give details:

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## Terms & Conditions

In the Terms and Conditions below:

- "NEU" means the National Education Union;
- "Trustees" means the Trustees of NEU Trust Fund Ltd;
- "Trust Fund" means NEU Trust Fund Ltd;
- "Trust Fund Administrator" means the administrator of the Trust Fund, whose contact details are on the first page of this application form; and
- "you" means the applicant.

In signing the declaration below:

1. You warrant that the foregoing statements made by you are correct to the best of your knowledge and belief and that the information you have provided in this application form is not in any respect misleading or inaccurate;
2. You authorise the Trust Fund and anyone properly instructed on its behalf to make any enquiries that it deems necessary when considering your application. You understand that this process may include enquiries into and disclosure of information by any referee indicated on this application form and by any individual or body that can certify the financial information that you have provided;
3. Where you intend to apply to a third party for other financial assistance or funding, you agree to notify the Trust Fund of such application and, where such financial assistance or funding is obtained, you will promptly provide the Trust Fund Administrator with written details of the amount and purpose of that financial assistance or funding. Where you have received a grant from the Trust Fund by way of a series of instalments and you successfully obtain such financial assistance or funding from a third party, you accept and agree that the Trust Fund is entitled at its absolute discretion to withhold, suspend or revoke the payment of any future instalments to you and/or to recover an appropriate portion of the monies already paid to you, such portion to be decided by the Trustees. Where the Trust Fund has already paid the entirety of a grant to you in one lump sum and you successfully obtain such financial assistance or funding from a third party, you accept and agree that the Trust Fund is entitled at its absolute discretion immediately to recover all of the monies paid to you or an appropriate portion thereof, such portion to be decided by the Trustees;
4. You agree to report immediately and in writing to the Trust Fund Administrator any change in your contact details (including address) and/or bank/building society details;
5. Where your application to the Trust Fund has been successful and you receive a grant by way of a series of instalments, you agree to report immediately and in writing to the Trust Fund Administrator any change in your financial circumstances that may result in you no longer being eligible for a grant or for a grant of the level awarded had those financial circumstances been such when you made your original application. You understand and agree that, if the Trust Fund discovers that your financial circumstances have so changed and you have failed to report such change to the Trust Fund, the Trust Fund is entitled at its absolute discretion to recover from you immediately any monies paid to you since the date of such change (plus the associated costs of recovery) and/or to withhold, suspend or revoke the payment of any future instalments to you and to refuse automatically any future application for a grant made by you to the Trust Fund;

6. You understand and agree that, where the Trust Fund has approved a grant on the basis of information contained in this application form which is subsequently discovered to be materially inaccurate or misleading and/or which omits a material fact whose earlier disclosure would otherwise have led the Trustees to come to a different decision regarding that grant, the Trust Fund is entitled to refuse that grant or, where a grant has already been paid (either wholly in one lump sum or partially in a series of instalments), to recover from you immediately all or part of the monies paid to you (plus the associated costs of recovery) and/or to withhold, suspend or revoke the payment of any future instalments to you and to refuse automatically any future application for a grant made by you to the Trust Fund;
7. You agree to repay promptly to the Trust Fund any monies incorrectly paid to you either as a result of an administrative error or otherwise, including (without limitation) situations where an incorrect sum has been paid to you or where grant monies have been paid to you in error before you have complied with all conditions attaching to the grant;
8. You agree and accept that the payment(s) of any grant to you can only be made to the extent that the Trust Fund has available funds and that the Trust Fund may, on giving you three months' written notice, revoke the future payments of any grant paid to you by way of instalments should it be required to do so by reason of financial restraints or otherwise;
9. You agree and accept that the decision regarding your application is at the Trustees' absolute discretion and is final and that neither the Trust Fund nor the NEU will enter into any discussion concerning any successful or unsuccessful application; and
10. You consent to the NEU and the Trust Fund processing the information provided by you (including sensitive personal data as defined in the Data Protection Act 1998) in this application form and any associated documents for its reasonable charitable, business and administrative purposes, in accordance with data protection legislation. The Trust Fund will not disclose your information to a third party without your consent, unless required to do so by law or any other regulation.

#### Checklist

Before you sign and send in your application, please check that you have provided us with the following information:

- A fully completed & signed application form.
- 3 months statements for current, savings and credit card accounts for each person contributing to the running of the household
- For all savings or investments held by those contributing to the running of the household, proof of the current balance
- If utility or council tax payments are paid using cash, please provide documentation showing how much is paid
- Please check your referees meet the criteria as outlined in point 7 of the guidance notes below.

#### Declaration

I have read and agree to the above Terms and Conditions and have read the Guidance Notes accompanying this application form (page 7).

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

**Once completed please return this form to the address on the front**

## Guidance notes on completing the Trust Fund Ltd application form

### PLEASE READ THESE CAREFULLY

1. Please ensure you are eligible for a grant before applying. **The Trust Fund Ltd can only provide assistance to current members, former members and their dependants. Student members are not eligible to apply.** Please note that the NEU Trust Fund does not provide financial assistance for the repayment of loans, personal overdrafts, credit card bills or mortgage arrears.
2. **Please complete all relevant sections of the application form and answer all the questions. Where you have not done so, please explain why.** If there are any questions which are not applicable to you, please write 'not applicable' in the relevant section. If at any time you need additional space, please use a continuation sheet.
3. Please write clearly and legibly, completing the form in **black ink**, as the form will be photocopied. A typed application is equally acceptable. Where you have been asked to complete the form in BLOCK CAPITAL LETTERS, please ensure that you do so.
4. If you are requesting financial help, the reasons must be given on the **second** page of the application form.
5. If you have previously received financial assistance from this or any other fund, please provide date(s) and amount(s) of any grant received on the **fourth** page of the application form.
6. With regard to your employment status, please provide (where applicable) the reason for leaving (e.g. resignation, retirement, ill-health retirement, dismissal etc), together with the date of leaving, on the **third** page of the application form.
7. With regard to your referees, you must provide the names and full contact details (including address) of **two** people. Please ensure that you have spoken to them and obtained their permission to use their names. We do always approach referees and will **not** normally make grants without written references. Please make sure that your referees are aware that they need to respond swiftly to any request for references as a delay will affect the processing of your application. **Please note that we cannot accept your GP (local doctor), family members or relatives as referees, or any party with a financial interest in any award made such as a supplier.** We will not chase any of your referees for a reference. Once we have contacted your referees, it will be up to you to ensure that they return the reference form in a timely fashion. **Applications will not be processed unless both of your referees have provided a reference.**
8. Applicants will be required to provide proof of income and debts (e.g. wage slips, bank statements, receipt of benefits, credit card statements, loan agreements etc). To avoid delay, please send such supporting documents with the application – copies of the latter documents only are needed if it is shown how they tie up with income and expenditure entries on the application, for example by way of a note beside an item on a bank statement copy.
9. **Please ensure you have read and understood the Terms and Conditions on the fifth page of the application form. By signing the declaration on the sixth page, you are agreeing to these Terms and Conditions.** The information you provide on the application form must be true and accurate in all respects.
10. All completed forms must be **signed and dated** on the fifth page of the application form. Forms should then be sent to the address noted on the first page of the application form.
11. Applications will not be acknowledged, but you will be told the result of your application, whether successful or unsuccessful. The Trustees meet periodically throughout the year and you may apply at any time. There are delegated Trustees who are able to decide on grants between meetings, although they may refer an application to the next meeting for a final decision. The time this takes may therefore vary but the Trust Fund Administrator can advise you of the time you can expect to wait at any point, and there are arrangements in place for the consideration of urgent applications. The Trust Fund Administrator's number and contact details can be found at the front of the application form.

## Other sources of charitable support

In the event that your application to the Trust Fund is unsuccessful or you need further support, there are other charitable organisations that may, where applicable, be able to help:

### Education Support Partnership

<https://www.educationsupportpartnership.org.uk/>

- 08000 562 561
- 08000 855 088 (Wales)

Provides grants to education staff in financial difficulties. Examples include:

- Council tax
- Mortgage payments
- Rent payments
- Payments for food

### Elizabeth Finn Care

[http://www.elizabethfinncare.org.uk/Who\\_can\\_apply%40](http://www.elizabethfinncare.org.uk/Who_can_apply%40)

020 8834 9200

Client group primarily consists of people who have formerly held occupations requiring a degree of responsibility and education, including Teachers in Higher, Further, Secondary, Primary, Nursery and Special Needs Education; Senior Administrators and Inspectors of Educational Establishments, Vocational and Industrial Trainers.

Applicants must be of British or Irish nationality, or residents of the United Kingdom or Ireland.

Can help people whose former careers have been interrupted or ended through circumstances beyond their control, such as through physical or mental illness, redundancy, family breakdown, or struggling with low income during retirement.

### Church Schoolmasters and Schoolmistresses' Benevolent Institution

<http://www.cssbi.org.uk/>

**Telephone:** 01403 250798

**Email:** [info@cssbi.org.uk](mailto:info@cssbi.org.uk)

Provides for necessitous present or former teachers/lecturers and those in teacher training who are members of the Church of England or of another recognised Christian denomination by giving financial assistance in times of affliction, disablement or other misfortune, and on their demise to provide for their financial dependants, such financial assistance to include (but not be limited to) assistance towards the cost of subsistence and education in each case anywhere within England and Wales.

### The Teaching Staff Trust

[Education Financial Hardship Grants | Teaching Staff Trust](#)

**Phone:** 01322 293 822

**Email:** [enquiries@teachingstafftrust.org.uk](mailto:enquiries@teachingstafftrust.org.uk)

If you've worked or have retired from working in a school, a nursery or in any other education role with under 19's for five years or more then Teaching Staff Trust is there for you. Their payments are to support you when something you couldn't have anticipated happens. Among the people they've supported are nursery workers, teaching assistants and learning support staff, teachers, lunchtime supervisors, caretakers and school administrators.