

OFFICE USE ONLY

Date application form received <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Unison case number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date application assessed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date decision (accept or reject) taken <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FHA reference 5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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UNISON Welfare holiday application form Confidential

Part A: Family (to be completed by the family)

Please return completed forms to:

The Casework team
UNISON Welfare
1 Mabledon Place
London
WC1H 9AJ

Unison Welfare defines a 'family' to comprise dependant children who are in full-time education aged 18 or under, or have special needs. Those with day to day responsibility for their care such as parents (including same sex), grandparents or an older child providing part-time care for one of the family members. Please note that an application is for the whole family, not family members to go on their own.

Please refer to the Application Form Guidance Notes for further information.

A1 Family name (This should be the UNISON member's name)

A2 Membership details

Membership No UNISON Branch

A3 Contact details of family

Address

Postcode

Telephone number (home)

Telephone number (work)

Mobile phone number

Email

UNISON Welfare is committed to equality. All applications are considered on merit and this information will not, in anyway form part of the assessment. We request that you complete the following to assist in monitoring our service. All information is confidential and subject to the Data Protection Act

A4 Details of family members

Title Mr/Mrs/ Miss/Ms Please select.	First name Please list those family members that are going on the holiday.	Family name	Date of birth (dd/mm/yy) Please note that the eldest child must be at least three years of age at the time of the holiday.	Position in the family Please enter one of the following options for each family member: parent, grandparent, dependent child, carer, other, please specify.	Ethnicity Asian – Bangladeshi Asian – Indian Asian – Pakistani Asian – Other, please specify Black – Black African Black – Caribbean Black – Other, please specify Chinese White – British White – Irish White – Other, please specify Mixed ethnic background (mixed race) Any other ethnic background, please specify.
Example Miss	Louise	Smith	15/08/75	Parent	White – British
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

Any holiday or contribution towards a holiday is made to the family named and listed above. Amendment may not be made without the authorisation of UNISON Welfare.

A5 Meeting UNISON Welfare criteria

5.1 We have at least one child who will be aged three or over at the time of the holiday.

5.2 We are on a low income.

Please provide further information about your income by ticking all boxes that apply.

Child Benefit

Income under £23,000

Council Tax Benefit

Working Tax Credit

Housing Benefit

Other, please specify

Income Support / Income-based Jobseekers' Allowance

e.g. loss of income, increase in expenditure or other special circumstances which are making it difficult to manage your finances. Please explain the reasons below in A8.

Disability Living Allowance

5.3 We have not been on holiday for at least four years*. (Please complete a. or b.) *In special cases exceptions may be made.

a. Our last holiday was in (please give year).

b. Our family has never been on holiday together because (please tick all that apply)

We do not have the money

We need help with booking a holiday

A family member is disabled, please specify

Other, please specify

A6 Previous applications

Have you applied to the UNISON Welfare before? No Yes

If yes, did we help you with a holiday? No Yes. What year?

A7 Family Fund (An independent body, funded by government, that may be able to help with holidays and outings.)

Are you caring at home for a severely disabled or seriously ill child, under the age of 16? No Yes

If yes, did you consider applying to the Family Fund for help with a holiday or outing?

Yes. What was the outcome?

No. Why not?

If you need further information on the Family Fund, please call 0845 130 4542 or visit their website on www.familyfund.org.uk

A8 We need a holiday because . . .

8.1 In your own words, please say why you want a family holiday.

Please continue on a separate sheet if necessary.

Question continued overleaf

8.2 Please tick all the reasons that apply and give a brief explanation.

Reason	Tick (✓) all that apply and double tick (✓✓) the most important one	Brief explanation
1. Lack of opportunity to spend time together as a family.		
2. Recently reunited / reconstituted family.		
3. Recovering from recent trauma.		
4. Under pressure due to ill health and / or disability.		
5. Need a break from grind of daily life.		
6. Need a break from stressful living environment.		
7. Need a break from worries and stress.		
8. Limited experience of / opportunity for fun.		
9. Any unforeseen or special circumstances and/or extra expenditure which is causing a drain on the household budget?		
10. Other, please specify.		

A9 If the application is successful, which type of holiday would you prefer?

9.1 Please number the following options in order of preference, using 1 to 3 with 1 = preferred and 3 = least preferred. Please also tick (✓) your preferred months.

Type of holiday	Number in order of preference	We could go in (please tick ✓ preferred months)											
		Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Direct grant (booked by family)													
Short break (including Croyde Holiday centre) (booked by family)		No availability		Limited availability				Limited availability	No availability			Limited availability	No availability
Holiday centre (including Croyde Holiday centre) (booked by UNISON Welfare)		No availability						Limited availability	Limited availability				No availability

9.2 How will you travel to your holiday destination? a. by car b. by public transport

A10 Information about your finances.

Now turn to the separate financial sheet in Part C on page 7 and complete all the details necessary, remembering to enclose all documents requested.

A11 Member declaration

Please tick (✓) to show that you have read the information and accept our terms and conditions. Please note that without this we cannot consider your application.

- We have included details of all income and expenditure, including debts and credit commitments
- We have attached copies of recent payslips, bank statements and/or other statements to verify expenditure
- We agree that the information provided is correct and that if UNISON Welfare awards us a holiday or contribution towards a holiday we will use it for the intended purpose.
- We will notify UNISON at Croyde Bay and/or FHA immediately, if for whatever reason we are unable to take up the holiday offer.
- We will return any monies given to us if for whatever reason we are not able to take up the holiday offer.
- We will complete and return an evaluation form within four weeks of taking the holiday.
- We understand that UNISON Welfare and FHA need to collate information on the families it assists and the holidays it provides, in order to plan its service and attract funding. To protect the families' confidentiality any information used will not identify individual families by their names and addresses. We agree to our details and holiday feedback being used in this way and held in accordance with the terms of the Data Protection Act 1994 & 1998.

We have ticked all the boxes above to show that we have read and agree with the terms of any holiday awarded (please note that without your agreement we are unable to progress the application).

Name

(Please print your name)

Signed

Date:

A13 Helping UNISON Welfare and FHA help others (please tick (✓) the box if you agree)

13.1 From time to time we are approached by the media to talk about our work. We also like to take every opportunity to make other members aware of the help that is available. This will help raise the profile of our work and could help in assisting more families. We do not pass on your details without first contacting you for your consent. Would you be willing to be contacted to talk about your experience, either to a journalist or on TV or radio?

13.2 Finally, as part of our commitment to families, we occasionally meet with them to consider how to provide our service in a better way (any agreed travel costs are reimbursed). Would you be interested in meeting with us?

Part B: Referring UNISON branch

(to be completed by the welfare officer or other branch officials)

A successful outcome for this family is dependent on your support and co-operation. Please only complete this section if you fully support this application and you are confident that the information supplied by the family is correct to the best of your knowledge, and that the family will take up the holiday. Please note that any expense payment will be made direct to the the family. *Any errors in the payee details may result in a delay and / or an admin charge.*

B1 Your name

B2 Position in branch

B3 Name of your branch

B4 Address

Postcode

Telephone Mobile

Email Please tell us the best time and means to contact you

B5 In which local authority area does the family live?

B6 Is your branch able to make a financial contribution towards our work to help UNISON Welfare help more members with a holiday?

- Yes. We can donate £ We recommend a minimum donation of £50, but any donation will help us help more families.
- No.

Donations should be made by cheque payable to UNISON Welfare but clearly marked on the reverse *Bucket & Spade Appeal*.



B7 Is there any other information you want us to consider when assessing this family's application for a holiday grant, in addition to that provided by the family?

Please continue on a separate sheet if necessary

B8 Monitoring information to help UNISON Welfare future work (optional)

Please note that the following information is not taken into account when considering the family's application, but is important to UNISON Welfare to help further its work

As far as you are aware, do all or any members of the family group come into any of the following categories? Please tick all that apply and explain in the further details section whether it is an adult or child (or both) that fall into this category.

Category	Please tick all that apply	How many members?	Further details
Example 3. Disabled children	<input checked="" type="checkbox"/>	one	James, the eldest child in the family, is autistic
1. Carers	<input type="checkbox"/>		
2. Children on the child protection register	<input type="checkbox"/>		
3. Disabled Children	<input type="checkbox"/>		
4. Disadvantaged people living in rural areas	<input type="checkbox"/>		
5. Disadvantaged people living in urban areas	<input type="checkbox"/>		
6. Domestic violence	<input type="checkbox"/>		
7. Gay men and / or lesbians	<input type="checkbox"/>		
8. Homeless people	<input type="checkbox"/>		
9. Literacy problems	<input type="checkbox"/>		
10. Offenders or ex-offenders	<input type="checkbox"/>		
11. People affected by HIV or AIDS	<input type="checkbox"/>		
12. People in debt	<input type="checkbox"/>		
13. People living in residential care	<input type="checkbox"/>		
14. People who have been abused	<input type="checkbox"/>		
15. People with learning difficulties – please specify	<input type="checkbox"/>		
16. People with mental illness	<input type="checkbox"/>		
17. People with physical illness – please specify	<input type="checkbox"/>		
18. Refugees and / or asylum seekers	<input type="checkbox"/>		
19. Substance abusers	<input type="checkbox"/>		
20. Travellers	<input type="checkbox"/>		
21. Unemployed people	<input type="checkbox"/>		
22. Victims of crime	<input type="checkbox"/>		
23. Women and girls	<input type="checkbox"/>		
24. Other – please specify	<input type="checkbox"/>		

B9 If you have identified additional needs that UNISON Welfare may be able to help with we suggest suggest you arrange for a completed UNISON Welfare Application Form to be submitted. For information on how we can help visit www.unison.org.uk/welfare or call 020 7551 1625.

If you identified additional needs will a further application be submitted? Yes No needs identified

B10 Branch declaration

Please read the following statements carefully and tick the boxes to show that you have read and understood the conditions of any holiday awarded.

- I declare that the above named family is being assisted by me and that the information given by the family is correct and complete to the best of my knowledge.
- If the family is awarded a holiday I understand that any payment will be made direct to the family unless indicated otherwise.

The family's cheque payee details are:

- I will ensure that the family receives the relevant information sent to me by the FHA.
- I will complete and return a FHA monitoring form within four weeks of the family taking the holiday.

I have ticked all the boxes above to show that I have read and understood the conditions.

Signed Date Name (Please print your name)

Thank you very much for your information. Please keep a copy for future reference and please send this application form to The Case Team, UNISON Welfare, 1 Mabledon Place, London WC1H 9AJ www.unison.org.uk/welfare

Part C: Information about your finances

(to be completed by the family)

C1 As a charity we have to confirm that you qualify for support and need you to provide the following details. This information will not be passed to anyone outside UNISON Welfare. Information is used and/or retained under the terms of the current Data Protection Act.

1.1 The add Income /Expenditure table.

Income – Weekly / Fortnightly / Monthly (please delete as applicable)			Expenditure – Weekly / Fortnightly / Monthly (please delete as applicable)	
	Applicant £	Partner £		Amount £
Take home pay – please enclose one monthly or 5 week pay slips			Please enclose copies of current bank statement or bills to confirm expenditure	
Child maintenance			Mortgage/rent	
Retirement/widow/other pension			Second mortgage/ Secured loan	
Child Benefit			Council tax	
Income support/help with mortgage			Water rates	
Statutory Sick Pay/ Incapacity/other Benefit			Insurance e.g. building & contents/life/medical	
Disability Living Allowance			Childcare	
Other – please state			Child maintenance	
How are tax credits paid? (please tick) <input type="checkbox"/> Pay packet <input type="checkbox"/> Bank/Building Soc			Gas/electricity/other fuel	
Enter savings £ _____			Telephone	
Include documents showing debt & credit payments			Food/household	
			Total payments for credit debts, loan etc.	
			Other – please state	

1.2 Are there any unforeseen or special circumstances and/or extra expenditure which is causing a drain on the household budget? If yes, please describe

Now return to page 4 and start at 10.2

For completion by UNISON Welfare Only.

Criteria Met Yes No

If no Give rationale

Referred for casework help Yes No

Health/Disability Needs

Assistance with travel costs

Childrens spending money Additional Comments:
If phone contact has been made, highlight any relevant issues i.e. exceptional circumstances

Date emailed to Croyde Bay

Officer

Date

Please return this form after completing all parts to:

The Casework Team

UNISON Welfare

1 Mabledon Place, London WC1H 9AJ

Tel: 020 7551 1620

Fax: 020 7383 2617

e-mail: welfare@unison.co.uk

www.unison.org.uk/welfare

Registered Charity No. 1023552