



WELFARE FUND APPLICATION FORM

APPLICANT INFORMATION *(please print clearly)*

DWU Member Number: _____

Date: ____/____/____

Name: _____

Email Address: _____

Member Bank Account #: _____

Home Address: _____

_____ Postcode: _____ Mobile: _____

Employer/Worksite: _____

Site Delegate: _____

Site Delegate Contact Number: _____

Applicant Signature: _____ Site Delegate Signature: _____

(Applicant and Site Delegate signatures are required)

Email to: glenn@dwu.nz

Post to: Freepost 538
NZ Dairy Workers Union
PO Box 9046
Hamilton 3240

For Hardship Assistance: Complete the reverse side of this form.

Once we have received all the necessary and appropriate supporting documents, we will endeavour to have a successful application paid within 5 working days.

FUNERAL GRANT *(tick the appropriate box)*

Proof of Death - either newspaper copy of death notice or a death certificate must be attached.

\$3,500.00
Death of a member

\$2,000.00
Death of a spouse/partner

\$2,000.00
Death of a dependant
(18 years of age and under)

For Office Use Only: Amount Granted: _____

Paid for: _____

Approved by: ____/____/____/____/____

HARDSHIP ASSISTANCE

Applications may be made for assistance in times of financial hardship. These are considered as a last resort, when all other avenues (WINZ, Bank etc) have been explored. The amount of assistance granted is dependent upon the reason the hardship is being requested and is totally at the discretion of the Welfare Committee.

To prevent any delay in processing your claim, it is extremely important that all applications be completed with the full details and should be supported by **ALL** relevant documentation (i.e. doctors letters, outstanding accounts and other relevant information). The Committee **DOES NOT CONSIDER** requests for loans or cash grants and generally **WILL NOT CONSIDER** telephone, hire purchase arrears or car expenses.

Priorities the Committee look at are: Rent / Mortgage / Power / Gas / Medical Bills / Groceries.

Amount Claimed (Maximum \$650.00): _____

Number and Ages of Dependent Children: _____

Total Annual Gross Earnings of Husband / Wife or Spouse / Partner: _____

Accounts are required and must be presented with your hardship assistance application. There are NO EXCEPTIONS.

Rent / Mortgage Repayment: _____ per week / fortnight / month *(circle applicable)*

Landlord Name: _____

Landlord Bank Account: _____

Medical / Dr Accounts: _____

Power / Gas Account: _____

Miscellaneous Accounts: _____

Please explain the reasons for your claim *(print clearly and if necessary, use another sheet of paper)*

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