# Description: A4portrait_logo_blankStaff Assistance Fund Application Form

**NB: you must have six months’ employment and have passed your probation to apply to this Fund.**

| **About you** | | | |
| --- | --- | --- | --- |
| **Staff ID number** |  | | |
| **First name(s)** |  | | |
| **Surname/family name** |  | | |
| **Faculty / Directorate** |  | | |
| **Preferred contact method (an email or phone number)** |  | | |
| **Contract type and length** | * Permanent * Fixed term   **Delete as appropriate.** | **If fixed term please give remaining length of contract:** |  |

| **Please provide a short statement to explain why you need a grant from the Staff Assistance Fund.**  Note that an application to help with the increased cost of living and to boost your income will not be considered.  Please tell us briefly:   * what your situation or circumstance is, * what **specific cost or item** you need the grant for e.g. a specific bill or repair cost, * if there is a date you need the funds by e.g. when your rent or repayment is due, * what other routes you have explored to address the issue (savings? charity grants?).   Please provide at least one relevant supporting documents e.g. a bill / quote / receipt or bank statement that shows the item and amount that you are requesting the grant for.  This box will expand if you need more room. |
| --- |
|  |

| **Please indicate the amount of assistance you are requesting (maximum £1,000).**  *Please note the amount you ask for should match the item or bill you need help with; it should not be a request for £1,000 to boost income. If you have a quote, bill or estimate to provide evidence for the amount required, please attached a copy.* |
| --- |
| £ |

| **Previous Staff Assistance Fund applications** | |
| --- | --- |
| **If you have received support from the Staff Assistance Fund in the past please tell us:** | |
| **The date you received the money** |  |
| **The amount received** | £ |

| **Declaration** | | | |
| --- | --- | --- | --- |
| I confirm that:   1. I accept and will comply with the Staff Assistance Fund terms as laid out on the webpage.   If required, I will provide documentation, such as bank statements, quotes or estimates to support my application. (NB email [staffassistance@brookes.ac.uk](mailto:staffassistance@brookes.ac.uk) if you need help with this). If I receive a grant, I will use it only for the purpose stated here, and I will contact [staffassistance@brookes.ac.uk](mailto:staffassistance@brookes.ac.uk) if my situation changes and this is no longer possible.   1. The information I have given is true and accurate. | | | |
| **Signed**  **(if the application is submitted by email, no signature is required)** |  | | |
| **Print full name** |  | **Date** |  |

**FOR PANEL USE ONLY**

| **Payment authorisation** | |
| --- | --- |
| **Amount approved** | £ |
| **Approved**  **(by VCG subgroup)** | Signed: |
| **Date:** | Print Name: |