*EIS Strike Hardship Fund 2022*

**EIS Members - Application to Strike Hardship Fund in respect of**

**strike day: Thursday 24th November**

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| Name : |
| Address : |
| Membership Number: |

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| --- | --- | --- | --- |
| Email  Address |  | Telephone Number |  |

*Please tick the relevant box or boxes*

|  |  |
| --- | --- |
| Are you on a full-time contract? (permanent or fixed term) |  |
| Are you on a part-time contract? (permanent or fixed term) |  |
| Are you on an hourly paid contract? (casual or variable hours) |  |

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| If **part time** please complete the following:  Do you work on (please circle) **Mondays Tuesdays Wednesdays Thursdays Fridays**      Normal hours on days worked    If you are employed on an hourly paid contract please indicate below the hours you would have worked on the strike days:    **24 Nov:** |

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| Date(s) of action taken  **24 November**  (Please circle or highlight day on strike) |

**Name of Confirming EIS Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Confirmation of participation in strike action will be requested from the named EIS Representative by the Institute following the closing date for applications.*

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| PERSONAL AND CONFIDENTIAL |

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| NAME: Establishment:  REASONS FOR APPLICATION.  **NOTE:** The Strike Hardship Fund is intended to be used to support colleagues who are **disproportionately impacted** by the cycle of strike dates - e.g. some part-time members of staff, as a consequence of the pattern of strike days, may lose a significantly higher percentage of their income when compared to a full-time member of staff.  **It is not a daily payment for everyone on strike.** |

Should there be an award, payment will be made by BACS to the bank account details held on your membership record. Information on when Strike Hardship Payments are to be made will be provided on the Institute website.

Please return your fully completed application form to the email address below:

By email: [hardship@eis.org.uk](mailto:hardship@eis.org.uk)

**PLEASE DO NOT RETURN THIS FORM BY POST.**

***For office use***

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| --- | --- | --- |
| *Payment Agreed:* | *Payment Amount:* | *Code : 962* |