

NSW Hardship Fund Application

Name	
EN Membership No.	
Address (inc. Post Code)	
Tel No	
Email address	
County	
Club	
School (where applicable)	
Franchise (where applicable)	

Have you requested or been granted funding, from any other source? (County, Club, School, Local Authority, Active Partnership - please give detail)

How much funding, are you asking for?	£	
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Please provide a breakdown of what expenses you require the funding to cover

Any other relevant information

Job seekers allowance	Yes	No
Housing and/or council tax benefit	Yes	No
In work credits	Yes	No
Child tax credits	Yes	No
Working tax credits	Yes	No
Income support	Yes	No
An invalid care allowance	Yes	No
Disability care allowance	Yes	No
If you are experiencing financial hardship but are not in receipt of any of the above benefits, please provide detail below:		

I confirm that all the information I have provided on this application form is, to my knowledge, complete & correct.

I agree that I have read and, if successful, will abide by the terms and conditions in Netball South West's Hardship Policy

Signed by applicant (or parent/guardian if under 18):	
Please print name:	
Relationship to applicant if applicable:	
Date:	

NSW Decision

Matter Discussed (date)

Amount Awarded

Date Paid