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**UPCA MEMBERS WELFARE FUND APPLICATION FORM**

**PLEASE INDICATE WHICH YOU ARE APPLYING FOR: 1 or 2 (delete as appropriate)**

1. Financial Hardship (for students and trainees currently enrolled on a UPCA approved course, and for UPCA clinical members post-training experiencing financial hardship). Please be aware that this is a one-off payment; members can only apply once for financial support.
2. Support (for clinical members who are undergoing an investigation following a complaint by a client)

**PERSONAL DETAILS**

FULL NAME:

UPCA MEMBERSHIP CATEGORY & NUMBER:

E-MAIL:

IF CURRENTLY IN TRAINING PLEASE STATE:

COURSE TITLE:

STAGE ON THE COURSE:

**UPCA WELFARE FUND AMOUNT**

Please provide an estimate of the minimum amount of welfare funding that you believe you would require for 2024-2025 (Maximum £500)

**SUPPORTING STATEMENT**

* Please provide a brief justification of the funding amount requested.
* Where applicable, please explain any exceptional expenses, for example essential car costs, childcare costs or costs associated with dependants.
* Anything else you would like to add about your circumstances in making this application, including an indication of the hardship that you are experiencing.

**SUPPORTING STATEMENT – COURSE LEADER**

If applying for Financial Hardship, we would expect you to have discussed this with your course leader.

Please provide their e-mail address:

**CONFIDENTIALITY**

In order for applications to be considered, they will need to be viewed by the Administrator and UPCA Welfare Fund Committee. The accountant/auditor may ask to see the form in confirmation of any monies paid out.

**GENERAL DATA PROTECTION REGULATION (GDPR)**

UPCA conducts its operations in compliance with GDPR regulations. Record of any application will be kept securely on your file held by UPCA.

**DECLARATION**

I declare that the information that I have given on this form is correct and complete to the best of my knowledge. I understand that giving false information will automatically disqualify my application.

Name: Membership Number:

Signature: Date:

**ADMINISTRATION**

Please e-mail a completed application form to the administrator at: administration@upca.org.uk

The UPCA Welfare Fund Committee meets regularly and applications will be considered at the first available date. If successful the administrator will be in contact asking for bank details to transfer the amount awarded and in the case of Financial Hardship applications we may inform the course leader.

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FOR OFFICE USE

1. Date application received:

2. Date application reviewed:

3. Outcome REJECTED ACCEPTED

AMOUNT AWARDED:

4. BANK DETAILS:

Name on bank account Sort Code

Account Number Date paid: