**Benevolent Fund enquiry form**

(Before completing this form please refer to notes at base)

**Your details**

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| Dr / Miss / Mr / Mrs / Ms / Prof / Other |  |
| Address |  |
| Telephone |  |
| Email |  |

**Your relationship with the EI**

Are you:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Current EI member |  |  | Past |  |  | A dependent of a current/past member  |  |

Membership details (\*if different from above)

|  |  |
| --- | --- |
| Last name of member\* |  |
| First name of member\* |  |
| Date of birth |  |
| Membership grade held |  |
| Period of membership  |  | to |  |

If you are a dependent, please give further details of your relationship to the EI member i.e. spouse, partner, child, parent

|  |
| --- |
|  |

**Your application**

What are you applying for?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Welfare assistance |  |  | Education Assistance |  |

Can you briefly explain what has happened causing the need to apply for assistance or the difficulty you would face if support is not found?

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| --- |
|  |

What are you seeking help with and estimate of cost (if known)?

|  |
| --- |
|  |

How quickly do you require assistance?

|  |
| --- |
|  |

Have you explored other avenues of assistance – if so which?

|  |
| --- |
|  |

**Your signature and declaration**

In submitting this form to the EI Benevolent Fund I confirm that all the questions have been answered truthfully and to the best of my ability I will inform the EI Benevolent Fund immediately if there are any changes in my circumstances.

I have read and understood the EI’s Privacy Policy and give my permission for information supplied by me to be stored and processed as indicated in the policy.

Signature

|  |
| --- |
|  |

Date

|  |
| --- |
|  |

NOTES: (PLEASE READ BEFORE COMPLETION OF FORM)

* Applications only accepted from EI Members (or their dependents) who have held a membership of 12 months or more
* Please refer to the EI Assist Website to understand what the EI Benevolent Fund may or may not normally be able to assist with.

Office use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date received | Membership verified | Dates of membership | Type of membership held | Forwarded to Ben Fund date |
|  |  |  |  |  |