**Application Form for COVID19 Staff Hardship Grant Scheme**

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| **Part 1 - To be completed by the Applicant**  | Office Use |
| **Application Date**  |  |  |
| **Applicant First Name** |  |  |
| **Applicant Surname** |  |  |
| **Personal Reference/Person Reference Number**  |  |  |
| **Applicant Home Address** |  |  |
| **Applicant Contact Phone Number** |  |  |
| **Applicant Email Address** |  |  |
| **Contract type** | [ ] Fixed Term Contract [ ]  TES Assignment [ ] Workers Agreement[ ] Other, please specify  |  |
| **Dates of employment/assignment with UoC** **(start/end date**) |  |  |
| **Most recent role with UoC (Job Title, dates and Department)** |  |  |
| **Details of last 4 digits of bank account number\*1** |  |  |
| **Grant amount requested (max £1,250)\*2** |  |  |

\*1 This must be the bank account which payroll use for the payment of salary/wages.

\*2 Grant amounts are subject to income tax and national insurance. Please note, the amount received will be less than the amount awarded.

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| **Part 2 – To be completed by the Applicant**  |
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| **Details of the hardship request** |  |
| Please provide complete details of:* the exceptional reasons you are applying for financial assistance and the positive impact that a grant will make
* recent losses in income
* additional statutory and/or charitable and/or University support applied for and/or received
* details of how a grant will be used
* any other comments to support the application
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| **Applicant** Name, Job Title and Department:[ ]  **I confirm that the details in the application form are true and accurate.**[ ]  **I understand that the grant payment is considered a taxable benefit** and therefore will be subject to both income tax and National Insurance contributions.[ ]  **I confirm that I am eligible for the hardship grant scheme** (i.e. have an existing employment contract or workers assignment with less than 12 months remaining and am ineligible for the welfare loan).Signature:Date:**Once you have signed and completed Part 1 and 2 of this application form, please arrange for it to be forwarded to your Departmental Administrator or equivalent to complete Part 3, before it is submitted to** **staffhardshipgrant@admin.cam.ac.uk** |  |

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| **Part 3 - To be completed by the Departmental Administrator or equivalent**  |
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| **Departmental Administrator** Name, Job Title, Department and Contact Phone Number: |  |
| **Departmental Administrator Supporting Statement and endorsement:** |  |
| Signature:[ ]  I confirm that the applicant’s employment information has been verified and I believe that the applicant is eligible for the Staff Hardship Grant.Date: |  |
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| Office Use Only: |  |