



EDUCATION SERVICES UNION
APPLICATION FORM
ESU Welfare Grant

1 PARTICULARS OF APPLICANT

Name: _____ NRIC No.

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Date of Birth: _____ Nationality: _____ Sex: M F

Marital Status: Single Married Divorced Others (Please Specify)

Residential Address: _____
 _____ Postal Code

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Home Tel: _____ Office Tel: _____ Mobile/Pager: _____

Email Address: _____

Name of Employer*: _____

Address of Employer: _____
 _____ Postal Code

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Occupation: _____ Gross Monthly Income: **S\$** _____

(i) Total monthly gross household income (including applicant and family members): **S\$** _____

(ii) No. of persons living in the same household (including this applicant): _____

* For members from NTUC Childcare Branch, please indicate your centre.

2 PARTICULARS OF FAMILY MEMBERS (WHO ARE RESIDING IN THE SAME HOUSEHOLD)						
	NAME	Relationship	NRIC	Date of Birth	Occupation	Gross Monthly Salary S\$

3 REASONS FOR APPLICATION (Please attach supporting documents)	
	<input type="checkbox"/> Chronic Illness of Member <input type="checkbox"/> Chronic Illness of Family Member <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Unemployed for 3 months or more after retrenchment <input type="checkbox"/> Others: _____

4 OTHER FINANCIAL ASSISTANCE		
If you have applied or received financial assistance from other organizations, please give details		
Name of organization	Date of application/ Receipt of assistance	Amount received or Receivable

5 DECLARATION BY APPLICANT

- 1) I, the undersigned, declare that the particulars stated in this application form are true and correct, and that I have not wilfully withheld any material fact.
- 2) I note that I may be required to furnish other supporting documents for verification and audit purposes.
- 3) I consent to my personal data being collected, used and retained by ESU for the purposes of:
 - (a) processing, administering and managing my application for the Welfare/Hardship Grant; and
 - (b) carrying out verification and updates of my membership status and/or information I have provided in this application form.
- 4) I consent to be contacted by ESU via email, text messages, fax and/or post for matters relating to my application for Welfare/Hardship Grant and other membership matters.
- 5) For the purposes of employment-related matters, I consent to ESU obtaining my personal data and relevant data relating to my employment from my company.
- 6) I further declare that the personal data pertaining to my spouse and dependant(s) are true and correct and that these persons are aware of and consent to ESU managing their information for authorised purposes.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY (* delete accordingly)

IC Number of Applicant: _____

1) Verification of Union Membership

Date Joined NTUC : _____

Length of Union Membership : _____ years _____ months

I, _____, *President/General Secretary/Executive Secretary of the Education Services Union hereby verify that the above applicant is a member of the union.

Notes:

Attach UXS print-out for verification purpose.

2) From Branch:

Name: _____

Designation: _____

Application is recommended / not recommended *

Remarks:

Signature

Date

IC Number of Applicant: _____

3) From Industrial Relations Officer:

Name: _____

Application is recommended / not recommended *

Remarks:

Signature

Date

4) From Welfare Committee

Application is supported / not supported* and the proposed quantum to be paid out is

S\$_____.

Remarks:

Signature of *Welfare Committee Chairperson

Date

IC Number of Applicant: _____

5) From Executive Council

Application is approved / not approved* and the quantum to be paid out is S\$_____.

Remarks:

Signature of *President/General Secretary/ Executive Secretary

Date

Education Services Union (ESU) Contact details:

Mailing Address:

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#07-08 Citimac Industrial Complex
Singapore 368241

Email: esu@ntuc.org.sg

Tel: 6872 1148

Fax: 6872 3346