

# Application for support from the Industrial Action Hardship Fund



Surname:

## Important

- Answer all the questions, by printing clearly in black ink and by ticking all the appropriate boxes.
- Return your completed form to your School Office Helpdesk
- Please provide all receipts for consideration of reimbursement.

### Part 1: Your personal details

1. Student registration number

2. Title (tick one box only)  Mr  Mrs  Miss  Ms  Other

3. First Names (in full)

4. Surname (in full)

5. Gender  Male  Female

6. Date of birth (DD/MM/YYYY)

7. Age (in years)

8. Full correspondence address   
Postcode

9. Telephone number

10. Email address

First Name:

### Department Authorisation

Department	<input type="text"/>
Staff Member	<input type="text"/>
Signature	<input type="text"/>

Award	£ <input type="text"/>
Date	<input type="text"/>
REF	<input type="text"/>

Year:

**Part 2: Supporting statement**

Please provide additional information to assist with your application.

Please list all claims for consideration below

Date	Times	Classes Cancelled e.g. MN1001 - Lecture	Expenses Incurred	Department Authorisation

**Part 3: Bank/Building Society details**

Name of Bank/Building Society

Sort Code

Branch title (e.g. Name of town)

Account Number

Royal Holloway is a data controller in terms of the 1998 legislation. The Student Finance and Funding office follows University policy in matters of data protection. The data requested in this form is covered by the notification provided by the University under the Data Protection Act. Personal data will be used solely in the department for statistical purposes and electronic records keeping. The data will not be passed to any other third party without your consent, except when the University is required to do so by law. Any formal enquiries concerning the use of data noted here should be addressed to the Head of Student Services.

**Part 4: Declarations**

- I confirm that I am registered and in attendance on the course described in Part 2 of this form.
- 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 and may also lead to disciplinary procedures resulting in possible expulsion from the University. I further undertake to repay any loans/grants obtained by me as a result.

Your name (CAPITALS)

Your signature

Date

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