



b) What welfare assistance is being sought:

---

---

---

---

---

---

c) What evidence will you provide to verify the facts:

---

---

---

---

---

---

I hereby declare that the information in this application is true, correct and complete. I understand and agree that if I make any false or fraudulent statements or fail to advise HSU NSW/ACT/QLD of any relevant information regarding my application, HSU may refuse to pay, and cancel my application.

I confirm that I have read and understood the HSU Welfare Fund By-laws and Terms of Reference.

Name

Signature

Date (dd/mm/yy)

**OFFICE USE ONLY**

This member is ineligible for any other assistance provided by HSU

Signature

Date (dd/mm/yy)