



United Fire Brigades' Association
APPLICATION FOR BENEVOLENT FUND ASSISTANCE

APPLICATIONS WILL NOT BE ACCEPTED IF THE INTENDED RECIPIENT COMPLETES THE APPLICATION FORM. THE CFO, OIC OR AUTHORISED OFFICER MUST COMPLETE THE APPLICATION FORM. REFER TO THE GUIDELINES DOCUMENT FOR FURTHER INFORMATION.

REQUIRED INFORMATION

Date:

Brigade:

Name and rank of affected person:

SITUATION OR REASON FOR THE APPLICATION

(For example, is the affected person sick, under financial pressure, or suffered bereavement?)

FAMILY SITUATION

Does the affected person have a partner, children, or other dependents reliant on them? If yes, please give details.

FINANCIAL SITUATION

(For example, how long has the affected person not been earning, and what is the timeframe for the affected person's earning capacity?) Is there a specific or urgent need we can assist with?

CONTACT DETAILS

Name of person completing this form:

Name of CFO/OIC:

Signature of CFO/OIC:

Phone number:

Email:

Further details can be provided on additional sheets if required.

Completed application form and additional information to be returned to:

The Secretary
UFBA Benevolent Fund
PO Box 56079
Tawa
Wellington 5249
Email: benevolentfund@ufba.org.nz