



NZNO Industrial Action Hardship Fund – Application Form

1. Name: _____ Membership Number _____

2. Employer: _____

3. Name of collective agreement: _____

4. Date(s) of industrial action member was not paid for: _____ (attach payslip).

Note: as part of the application process NZNO needs proof that during the period of strike action the member was rostered to work and did not get paid. If your payslip does not provide this information, NZNO would need confirmation from your Employer/Payroll of the hours you were rostered to work during the period of strike action and did not get paid.

5. Describe what the funds will be used for:

6. **Declaration:** (please strike out what does **not** apply)

I am the principal wage earner in my family.

That there are two financial members of NZNO who are parents in our family who lost wages due to the industrial action.

I have _____ people who are dependents.

I am making this application on my own behalf.

7. **Bank Account Details Form:** to be completed and returned with application form.

If your application to the NZNO Industrial Action Hardship Fund is approved by the hardship fund subcommittee, payment will be made into the bank account specified.

8. Signature: _____ Date of application: _____

Send forms to: hardship-fund@nzno.org.nz



NEW ZEALAND
NURSES
ORGANISATION

TŌPŪTANGA
TAPUHI
KAITIAKI O AOTEAROA

Industrial Hardship Fund bank details

Send this form to	hardship-fund@nzno.org.nz
From	
Contact Phone	
Membership ID	
Date	
Email	
Bank <i>(ANZ, BNZ, ASB, KiwiBank etc)</i>	
Account number	
Branch	
Account Name BLOCK CAPITALS	
Bank account verification	Please attach bank deposit slip or copy of bank statement
Signature	