**Strike Reimbursement Fund Application**

**Please complete this form to apply for reimbursement of unnecessary travel and/or care costs you have incurred as a result of the University and College Union industrial action.**

**Please complete all sections of the form to enable us to process your application quickly.**

**Title:** Mr / Mrs / Miss / Ms / Other **PRID:**

**First Name/s:**

**Family Name:**

**Tel number:**

**Term-time
address:**

**@essex Email:**
(any correspondence will be sent to this address so please ensure that you check it regularly)

**Campus:** Colchester / Loughton / Southend

**Please explain below what unnecessary travel and/or care costs you have incurred as a result of the industrial action and provide details of cancelled teaching. Please note that you will only be eligible for a payment where all teaching was cancelled on any one of the three strike days so your journey to the University or other costs incurred were unnecessary.**

**In order to consider your claim we will need the following:**

1. **Please list the dates that you were affected:**
2. **Please provide and attach electronically evidence of your unnecessary travel and/or care costs for each day you are claiming, for example trip details, travel receipts, parking tickets. (Please note we may contact your department to verify details). Photographs and screenshots of the evidence will be accepted.**

**Bank Details**

**Once your claim has been validated and approved for payment you will be emailed with instruction of how to confirm your UK bank account details in MyEssex**

**Declarations**

I confirm that 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 disqualify my application and may result in a subsequent request to repay any funds obtained by me as a result.

Your Name (CAPITALS) Your signature Date

**Please submit your completed application and evidence to** strike.reimbursement@essex.ac.uk