



Hardship Fund Application Form

Please save in the following format, adding your name at the end:

i.e. [Application Form_ETAS Hardship Fund_John Doe](#)

1. Personal details

Title	
Given names	
Family name	
Date of birth (dd.mm.yyyy)	
Phone	
Email	
Street address	
Zip / Town	

2. What has happened?

Please tell us why you are applying for the ETAS Hardship Fund.

3. What assistance are you applying for? (Tick one or more)

<input type="checkbox"/>	Membership for the first time
<input type="checkbox"/>	Membership Renewal
<input type="checkbox"/>	Conference for the following event:
<input type="checkbox"/>	Public transport ticket to attend the following event:
<input type="checkbox"/>	(*note – you will need to provide a snippet of the cost of a day card from your location to the venue.)

4. Declaration – (Please tick both)

	I declare that the information in the application is accurate.
	I understand that the information provided will be used to process this application for assistance.

By signing this form, I also agree to the information in the form and any attachment or future information given being stored in ETAS' filing system and transferred to ETAS' computer system and databases for the sole use of the records of the ETAS Hardship Fund.

Signed:	
Date: (dd.mm.yyyy)	

Please return the form, signed, and scanned (both pages), via email to office@e-tas.ch

Alternatively, you can mail it to: English Teachers Association Switzerland, 1200 Geneva