CWU

GAELTACHT GRANT 2024 ENTRY FORM

I hereby declare that I am an in-benefit member of CWU and I wish to enter my application below for inclusion in the draw for the Gaeltacht Grant which is to take place in accordance with the conditions stipulated in CWU General Circular 18/24

PLEASE COMPLETE IN BLOCK LETTERS

	Closing date for entries is Friday, June 14^{th} 2024 and only successful applicants from the draw will be notified.
Name of Gaeltach	nt
Name of Applican	nt
Address	
Name of Union M	lember
Address	
Contact Telephon	e Number
Relationship to Ap	pplicant*
Place of Employm	ent
Address	
Union Branch	Staff Number
I agree to be bour	nd by all conditions and decisions of the National Executive Council.
DATA PROTECTIO	DN:
The information o	collected here will only be used for the purpose of entering the Education Grant Scheme Draw and d with any third-party. If you consent to the use of your data for this purpose, please sign the form
Signed:	Date:

- For the purposes of the CWU Education Grant Scheme, "dependant" is defined as:
 - A child or adopted child of a member;
 - The husband, wife, civil partner or co-habiting partner of a member; and/or
 - A person for whom a member is acting in the place of a parent (including but not limited to a child or adopted child of a member's husband, wife, civil partner or co-habiting partner).