**To be considered for subsidies, there must be a minimum of 2 NESLC members in attendance and the application must be received within one month after the date of event. Only 1 claim per event (e.g., you cannot claim separately for accommodation/travel – see BU instructions for more detail).**

**EVENT: Click or tap here to enter text.**

**VENUE: Click or tap here to enter text.**

**DATE: Click or tap to enter a date.**

#### EVENT COSTS BREAKDOWN (Minimum for consideration, exclusive of alcohol, is £10.00pp)

|  |  |
| --- | --- |
| **Total Number in Party (Including non NESLC members)**  | **Click or tap here to enter text.** |
| **Total Cost for the FULL party (No alcohol to be included)** | **Click or tap here to enter text.** |
| **Cost per person (Total Cost divided by Total number in party) \*Minimum £10**  | **Click or tap here to enter text.** |
| **Has the event already been paid for in full? If Yes, please provide receipt with application** | Yes / No  |

**HEAD OF PARTY:** Click or tap here to enter text.

**PHONE:**Click or tap here to enter text.

 **E-MAIL:** Click or tap here to enter text.

**WORK ADDRESS (or HOME if retired)**: Click or tap here to enter text.

**FULL NAMES OF ALL NESLC MEMBERS IN YOUR PARTY, INCLUDING YOURSELF** (insert additional rows for larger parties)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **STAFF NUMBER** | **HASSRA NUMBER** | **FULL or ASSOCIATE or RETIRED Member**  | **EMAIL ADDRESS** |
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**As Head of Party (HOP) I certify that:**

* I am currently a member of NESLC.
* All members claimed for are current members of NESLC.
* I understand I am claiming on behalf of the NESLC members in the party and agree to pay them the relevant share of the subsidy. I understand that failure to do so could lead to suspension of membership (and disciplinary action if working for the Civil Service).
* I understand a random check of all claims will be made to ensure that members in the party received their share of the subsidy payment from me.

**PLEASE FULLY COMPLETE THE FOLLOWING BANK DETAILS FOR PAYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Account Name | Account Number | Sort Code | Name of Bank  |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |

**PLEASE SIGN AND DATE BELOW**

|  |  |
| --- | --- |
| Signature: | Date: |
| Type name. | Click or tap to enter a date. |

**Send this form with receipts to:** **emma.wakenshaw@hmrc.gov.uk**

**Please note that there is a set budget each month and all applications will be dealt with on a first come first served basis. Applications will only be accepted on receipts of full application with valid receipts. You no longer need to apply before an event, you have one month from the date of the event to submit an application.**

**Please see BU instructions for full details.**