## **Form 5: Appeals Hearing Access Fund Application Form**

The Appeals Hearing Access Fund is designed to improve accessibility for individuals required to attend an “in-person” hearing as part of the Appeals Procedure. The fund is limited and will be covered by WE Central Office.

Applications will be considered on a case-by-case basis by the Appeals Body. Before you apply, please read the Appeals Procedure and Guidance on its Application, including article 12 of the Guidance to see if you are eligible.

**Once you have completed this form, you should email it to** [appeals@womensequality.org.uk](mailto:appeals@womensequality.org.uk) with your name and ‘Access Fund’ in the subject line of the email. Alternatively, you may mail the form to:

Appeals Body – Confidential

Women's Equality Party

Kemp House,

152-160 City Road,

London ECIV 2NX

If you post it to the above address, please also alert the Appeals Body by email to the email address above to alert us to expect it.

Any supporting evidence, such as evidence of need, should be included in the email or mail.

Please note that your application to the Access Fund **must** be submitted no more than one week after the Appeals Body has contact you to request your attendance at an “in-person” hearing. Applications submitted after this time will not be considered.

If you have any queries, please email [appeals@womensequality.org.uk](mailto:appeals@womensequality.org.uk)

The Appeals Body will contact you to let you know if your application has been successful. Successful applicants are normally expected to cover approved costs themselves initially, and to submit their claims and receipts to the Central Office finance team as soon as possible via [finance@womensequality.org.uk](mailto:finance@womensequality.org.uk). The Central Office finance team aims to reimburse the approved costs within seven days of receipt.

**To be completed by the applicant:**

Name:

Address:

Email:

Telephone Number:

**What kind of assistance are you applying for? (Please tick any that apply)**

* Disability access related costs
* Childcare costs
* Other caring responsibility costs
* Travel and accommodation costs
* Other – please specify:

**Expenses**

|  |  |
| --- | --- |
| **What** | **Total Cost** |
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**Please briefly explain your circumstances and why you are applying for support from the fund. You may add additional pages if you wish.**

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**Please list the supporting information, such as evidence of need, that you are submitting as part of your application.**

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