

LEGAL AID APPLICATION

Date:

Name of Applicant:

Home Address:

Phone: [0]

Fax [0]

email:

ISEA Branch/School

[Approximate] date of joining ISEA

Please note that full entitlement to Legal Aid applies after 6 months membership.

Please supply brief details of the case for which you are seeking assistance. You should attach original documentation [lawyers' accounts and/or receipts] to this form.

Total of legal expenses \$

Please note that in making a decision about the amount of financial assistance you will be granted [maximum \$3,000.00] the committee may take into account the length of membership of the Association.

Once payment has been granted for a particular dispute no other application can be made for further assistance in that dispute.

The Legal Aid committee consists of the National President, National Secretary-Treasurer and one other designated Executive Member. The Executive Officer and Employment Officer will act in an advisory role.

All applications are treated in confidence by the National Executive.

Complete and forward to:

The Administrator
Independent Schools Education Association
P O Box 95-143
Swanson
WAITAKERE 0653
email: admin@isea.org.nz
Fax [09] 833.9800