

Official Request for Defence Community Organisation Support

HEALTH INFORMATION. This document contains sensitive health information. Its disclosure and use is governed by the Privacy Act and it is to be stored and handled in accordance with DI(G) PERS 16-20, Privacy of Health Information in Defence, and with DSM Part 2:30.

<p>Ship, unit, establishment or base requesting support</p> <hr/> <p>Details of ADF member being referred</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Family name</td> <td>Initials</td> </tr> <tr> <td colspan="2">Preferred name</td> <td>Employee ID</td> </tr> <tr> <td>Rank</td> <td colspan="2">Phone number (Home, work or mobile)</td> </tr> <tr> <td>Enlistment date</td> <td>Date of birth</td> <td>Age</td> </tr> <tr> <td colspan="2">Medical employment classification</td> <td>Date</td> </tr> <tr> <td colspan="3">Trade, employment, mustering, corps or ECN</td> </tr> </table> <p>Member's current address or location</p> <hr/> <p>City</p> <hr/> <p>State Postcode</p> <hr/> <p>Country</p>	Family name		Initials	Preferred name		Employee ID	Rank	Phone number (Home, work or mobile)		Enlistment date	Date of birth	Age	Medical employment classification		Date	Trade, employment, mustering, corps or ECN			<p>Family details</p> <p>Partner or next of kin's name</p> <hr/> <p>Partner or next of kin's email</p> <hr/> <p>Partner or next of kin's address</p> <hr/> <p>City</p> <hr/> <p>State Postcode</p> <hr/> <p>Country</p> <hr/> <p>Partner or next of kin's phone number (Home, work or mobile)</p> <hr/> <p>Family composition <i>(If a blended family, indicate which children are the natural children of each partner.)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name of child</th> <th>Age</th> <th>Where residing if not with member</th> <th>Dependent (Y/N)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Details of any person who may assist enquiries <i>(Please include contact home, work or mobile phone numbers.)</i></p> <p>Name</p> <hr/> <p>Phone number(s) (Home, work or mobile)</p> <hr/> <p>Email</p> <hr/> <p>Unit point of contact (CO or OC)</p> <p>Signature</p> <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Name</td> <td>Rank</td> </tr> <tr> <td colspan="2">Email</td> </tr> <tr> <td>Phone number</td> <td>Date</td> </tr> </table>	Name of child	Age	Where residing if not with member	Dependent (Y/N)																									Name	Rank	Email		Phone number	Date
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<p>Command</p> <p>Financial counselling provided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Current violence order issued <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Warning for drug or alcohol misuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Current service police investigation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Date member advised of referral</p> <hr/> <p>Marital status <i>(Tick most appropriate box)</i></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Single</td> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> De facto</td> </tr> <tr> <td><input type="checkbox"/> Divorced</td> <td><input type="checkbox"/> MWD(S)</td> <td><input type="checkbox"/> MWD(U)</td> </tr> <tr> <td><input type="checkbox"/> Widow or widower</td> <td><input type="checkbox"/> Separated</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p align="center">↓</p> <p>If 'Other', specify</p> <hr/>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De facto	<input type="checkbox"/> Divorced	<input type="checkbox"/> MWD(S)	<input type="checkbox"/> MWD(U)	<input type="checkbox"/> Widow or widower	<input type="checkbox"/> Separated	<input type="checkbox"/> Other																																												
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<p>Support request</p> <p>Type of support required <i>(Please specify counselling, COPAS investigation, family or pre-deployment interview, family support whilst member is absent, etc. This list is not exclusive.)</i></p>	<p>Support request <i>(Continued)</i></p> <p>Other details <i>(Please include any other pertinent information, attach supporting documents, eg applications, statements, specialist reports, etc. This list is not exclusive.)</i></p>
<p>Action undertaken by referring authority about this issue <i>(Please include a summary of action taken to date, contact with career managers, referral to other service providers, eg chaplains, and advice provided to member. This list is not exclusive.)</i></p>	

When completed, this form is to be emailed to: defencefamilyhelpline@defence.gov.au or Faxed: 02 6265 8852