AD 570 Revised 15 Dec 2011

Family name

Home address

Details of applicant

Department of Defence

Application for Emergency Support for Families Scheme Reference: PACMAN Chapter 8, Part 5

Given name(s)

Telephone number

				Mobile number
Service member				
Employee ID	Rank	Family name (If different to applicant)	Given name(s	5)
Unit, ship or estab	olishment	l .		Dates of absence
Reason for Service	ce absence			
Emergency situat	ion (Describe the	e current situation and the assistance that may be n	eeded)	

Privacy notice

Defence is collecting your personal information in order to consider your application for assistance under the Emergency Support for Families Scheme.

All information collected will be treated as staff-in-confidence and is protected by the <u>Privacy Act (1988)</u>. Defence will take all reasonable steps to secure your personal information against misuse, loss and unauthorised access.

You may choose not to provide some or all of your personal information, but this may affect Defence's ability to assess your application.

Defence will use your information in calculating the Department's total fringe benefits tax (FBT) liability. It will be made available to your social work case manager, and to the Defence Community Organisation.

Defence will not use or disclose your personal information without your express permission, for a purpose other than the purpose for which the information is being collected.

STAFF-IN-CONFIDENCE (After first entry)

Applicants acknowledgement (Must be signed by either the applicant or Service member)

I am aware that data relating to the Emergency Family Support Scheme will be used in calculating the total fringe benefits tax (FBT) liability for the Department of Defence, and while I do not have to pay this amount, the grossed-up fringe benefits amount will be reported on the member's (ADF member) payment summary where the total of all benefits received by the member over the FBT year (1 April to 31 March) exceeds \$2,000. Services provided through the Emergency Family Support Scheme could potentially result in a reportable fringe benefits amount of up to approximately \$5,000. I am aware this may have financial implications for the member (For example, payments to or from Centrelink, Family Assistance Office and the Child Support Agency), which may require notification to other Government agencies of the assistance.

Applicant or Service member						
Signature	Printed name	Date				

STAFF-IN-CONFIDENCE (After first entry)

Social Work Case Manag	er assessment (Attach	n case management plan to this	application)			
DCO recommendation						
(Tick appropriate box)						
Recommended						
Signature		Printed name		Date		
0	T .C					
Commanding Officer rec	ommendation					
Comments						
Recommended	Not recomme	nded				
Signature		Printed name		Date		
DCO Area Manager (On b	ehalf of the CDE under S	ubclause PACMAN Ch 8.5.4.8)				
	enall of the CDF under 3	ubclause I ACMAN CIT 0.3.4.0)				
Comments						
Approved	Not approved					
Signature		Printed name		Date		
Service provider						
Service provider name						
T		DE		04		
Type of assistance		Duration		Cost		
Invoice to be forwarded to						
Introlog to be follwarded to				Review data		
				Review date		

STAFF-IN-CONFIDENCE (After first entry)

Method of payment for reimbursement

Payment can be made into your partner's bank account (as identified by the Defence accounting system) by completing the details below.

Order to pay agent							
				Date			
				L.			
Claimant's name			request tha	at you pay to my ager	nt		
Partner's name		Rank	Employee I	Employee ID			
Amount					the sum of		
				sement for costs incu	urred for		
assistance provided under the	Emergency Support for I	amilies Scheme.					
Signature							
	J						
	Direct depo	osit to anoth	er account				
If preferred payment is by Dire with your application. If you c payment an amount calculate from the ESFS page on the D	hoose not to complete the d at the top marginal rate	"No ABN Withho	olding", Defence will I	be obliged to withhole	d from the		
See: http://www.defence.gov.	au/dco/						
Banking details as listed below	v are required for this opti	on.					
Name of financial institution							
Account name							
Account number							
BSB number							