

Application for Financial Assistance

Identification Number (Office use)

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 Please complete **ALL** the sections (1 – 6) below, and return the application to the Foundation's office (see page 5 for contact details).

Please print in BLOCK LETTERS.

Section 1 – Personal details

Title Mr Mrs Miss Ms Other ----->

Given name/s (in full) Family name

Preferred name Date of birth / /

Citizenship status* Australian Citizen Permanent Resident

* Note: You must be an Australian Citizen or Permanent Resident of Australia to be eligible to apply.

Are you an Australian Chartered Accountant Partner/Child of a Australian Chartered Accountant Individual

Section 2 – Contact details

1. Personal contact details

Street address Suburb

State Postcode Country

PO Box address Suburb

State Postcode Country

Email

Phone Fax Mobile

2. Preferred contact details

 Postal address: Home street address Home PO Box address

Section 3 – Reason/s for assistance

Please write the reason/s you require assistance.

Please write how a grant will benefit you.

Section 4 – Financial information

Financial support

Are you receiving any other financial support. e.g. Centrelink payment?

No Yes → If so, please supply details below: (You may wish to attach documentation)

	Name of benefit	Benefit provider	Amount received	Date/s
Benefit #1				
Benefit #2				
Benefit #3				
Benefit #4				

Income

Do you undertake any paid employment? No Yes → Estimated total income: Weekly \$ Annual \$

Do you receive any other financial support? No Yes → \$

Briefly describe your financial circumstances.

What sort of family support do you receive?

Do you receive any other assistance or pensions?

The following questions are designed to assist in the review of your application.

Were you born in Australia? Yes No -----> If not, what year did you arrive in Australia to live:

Were your parents born in Australia? No Yes -----> Mother Father

Are you of Aboriginal or Torres Strait Islander origin? No Yes -----> Aboriginal Torres Strait Islander

Did your parents complete a University degree? No Yes -----> Mother Father

How well would you say you speak English? Very well Well Not well Not at all

Do you have a condition which requires assistance? No need for assistance
 Short-term health condition (lasting less than six-months)
 Long-term health condition (lasting six-months or more)
 Disability (lasting six-months or more)
 Difficulty with the English language
 Other ----->

Section 5 – References

Applicants are required to arrange for two confidential reports (see pages 6–7) to be forwarded to the Foundation Manager with the application form by the application closing date. The referees should report on your circumstances.

It is the applicant's responsibility to ensure that the referees' reports are received by the Foundation with permission granted by the referees for the Foundation to contact them directly. **(Please note: Referees should not be related to the applicant.)**

Referee 1:

Title Mr Mrs Miss Ms Other ----->

Given name/s (in full) Family name

Position title

Company name

Company address Suburb

State Postcode Country

Email

Phone (work) I have known this referee for: years months

Referee 2:

Title Mr Mrs Miss Ms Other ----->

Given name/s (in full) Family name

Position title

Company name

Company address Suburb

State Postcode Country

Email

Phone (work) I have known this referee for: years months

Section 6 – Declaration

Please tick the relevant box to the questions below.

In consideration of the Chartered Accountants Benevolent Foundation's evaluation of my application for assistance:

1. I agree to produce such further evidence and information in relation to this application as may be required by the Foundation and attest that the information provided in this application is true and correct. Yes No
2. In consideration of the Foundation's evaluation of my application for assistance, I understand and agree that confirmation of my responses may be sought. These checks may include, but are not limited to, verification of my financial circumstances. Yes No
3. I hereby authorise the Foundation and its authorised nominees to collect, use, disclose and store personal information about me from third parties, for the purpose of verifying the information provided in my application. Yes No
4. I allow third parties holding personal information about me to release such information to the Foundation and its authorised nominees. Yes No
5. I agree to my first name, state and generalised description of circumstances being used in the promotion of the Foundation should I receive a grant. I understand that I will be given the promotional content to review and authorise prior to publication. Yes No

Signature

Date

Section 7 – Checklist

To ensure your application is complete and can be processed, please review the checklist below and ensure all relevant documentation is attached.

Completed **all** sections of the application (1–6)

Copy of most recent Tax Return (if applicable)

Please attach the following documentation:

Two (2) Referee Reports (see page 6–7)

Proof of Australian Citizenship or Permanent Residency
(e.g. Certified copy of Birth Certificate / Australian Certificate of Citizenship / Permanent Residency 'Grant Notification' (issued by Department of Immigration))

Any other documents in support of your application
(e.g. Medical certificate)

Section 8 – Submitting your application form

Please submit your completed application form with supporting documents to:

MAIL _____
Foundation Manager
Chartered Accountants Benevolent Foundation
GPO Box 9985, Sydney NSW 2001

Further enquiries or additional information:

If you have any questions in relation to the completion of the application form, referee reports, additional information to attach of the Necessitous Circumstances Fund/Foundation in general, please contact the Foundation Manager Pamela Lee via:

EMAIL _____
pamela.lee@charteredaccountants.com.au

NOTE: Please keep a copy of your application and the attachments for your records. The supporting documents will **not be returned**, so please send **certified copies** of the original documents, **not** the original documents.

Privacy policy

The Chartered Accountants Benevolent Foundation respects the privacy of individuals and acknowledges that the information you provide on this form is 'personal information' as defined by the Commonwealth Privacy Act. The information is being collected for the purposes of assessing your eligibility for a grant from the Chartered Accountants Necessitous Circumstances Fund and processing your application. The provision of this information is voluntary, but if it is not provided the Foundation may be unable to process your application. The information provided will be viewed by Foundation staff, the Grant Advisory Committee and the Foundation's Board of Directors. For more information on the Foundation's privacy policy, or to obtain a copy, please contact the Foundation.

Chartered Accountants Necessitous Circumstances Fund ABN: 43 369 178 896
Chartered Accountants Benevolent Foundation ABN: 11 130 908 780

OFFICE USE ONLY:

Application received

Application recorded in register

Applicant eligible for grant

Yes No

More information required

Notes:

Application for a Grant

Referee report form: 1

CHARTERED ACCOUNTANTS
BENEVOLENT FOUNDATION

This form will support the application for financial assistance from the Chartered Accountants Necessitous Circumstances Fund.

Please print in BLOCK LETTERS.

Section 1 – Applicant details

Applicant's full name

Relation to applicant

I have known this applicant for: years months

Section 2 – Referee details

Please provide a reference for the above applicant covering the applicant's circumstances and how financial assistance would benefit the applicant.

Yes, I certify that the information given above is true and correct, and confirm I am **not** related to the applicant.

Referee name

Referee signature

Date / /

Application for a Grant

Referee report form: 2

This form will support the application for financial assistance from the Chartered Accountants Necessitous Circumstances Fund.

Please print in BLOCK LETTERS.

Section 1 – Applicant details

Applicant's full name

Relation to applicant

I have known this applicant for: years months

Section 2 – Referee details

Please provide a reference for the above applicant covering the applicant's circumstances and how financial assistance would benefit the applicant.

Yes, I certify that the information given above is true and correct, and confirm I am **not** related to the applicant.

Referee name

Referee signature

Date / /