



PARTNER EMPLOYMENT ASSISTANCE PROGRAM (PEAP) APPLICATION FORM

Purpose	<p>This form is to allow Australian Defence Force (ADF) partners to apply for funding assistance under the Partner Employment Assistance Program (PEAP). The following initiatives are available:</p> <ul style="list-style-type: none">• Professional Employment Services• Professional Re-registration Payable on Relocation
Assessment of Request	<p>Your application will be acknowledged via email once received by the Defence Community Organisation (DCO). All application forms submitted will be checked to confirm the applicant and proposed PEAP initiative meet the intent and eligibility criteria of the program.</p>
Completing your form	<p>All fields must be completed.</p> <p>Completed forms can be submitted via the following methods:</p>
Email	<p>DefenceFamilyHelpline@defence.gov.au</p>
Mail	<p>Defence Community Organisation PO Box 7921 DKE-1-126 Canberra BC ACT 2610</p>
Outcome of Applications	<p>Applicants should anticipate that it will take a minimum of 28 days from receipt of a completed application to be advised on the outcome of their application.</p>
Your Responsibility	<p>Applicants are responsible for ensuring that they have read and understand the PEAP Guidelines; that their application meets the eligibility criteria and that the information provided in their application is true and correct.</p> <p>Approved Applicants must inform DCO (DefenceFamilyHelpline@defence.gov.au) of any subsequent change in circumstances relating to:</p> <ol style="list-style-type: none">change in relationship status;change to your residential location. <p>Applicants must print and sign the application form with an understanding that the Program is Fringe Benefits Tax (FBT) reportable.</p>
Application Assistance	<p>If you require assistance in completing the PEAP application process please contact the Defence Family Helpline on 1800 624 608 or email DefenceFamilyHelpline@defence.gov.au</p>
More Information	<p>Go to the DCO website www.defence.gov.au/dco or call the Defence Family Helpline 1800 624 608.</p>



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*All fields **must** be completed. This form can be populated and signed electronically (select Fill & Sign and then use the Fill & Sign Tools to complete the form electronically).*

SECTION 1 - YOUR DETAILS			
Name:			
Email Address:			
Address:			
		Postcode:	
Contact Phone Number(s):			

SECTION 2 - ADF MEMBER AND ELIGIBILITY DETAILS			
Rank and Name:			
PMKeyS Number:		Service: Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/>	
Eligibility: <i>Please refer to the PEAP Guidelines and ensure only one relevant section below is completed. For members relocating due to posting please complete section 2a, for members transitioning medically please complete section 2b.</i>			
Are you applying under section 2a of the PEAP Guidelines (i.e. Relocation due to posting?)	Yes: <input type="checkbox"/> If yes please complete section 2a below. No: <input type="checkbox"/>		
Are you applying under section 2b of the PEAP Guidelines (i.e. ADF member transitioning medically?)	Yes: <input type="checkbox"/> If yes please complete section 2b below. No: <input type="checkbox"/>		

SECTION 2a – RELOCATION DUE TO POSTING	
Losing Posting Location:	
Gaining Posting Location:	
Date of Posting Recorded in PMKeyS (gaining location):	

SECTION 2b - ADF MEMBER TRANSITIONING MEDICALLY

Has your partner (the member) been identified as medically transitioning from the ADF?

Yes: No:

Member's Transition Date:

SECTION 3 - PEAP INITIATIVE REQUEST

* Please select the initiative(s) you are requesting funding assistance for:

A. Professional employment services such as:

- development of a personalised resume and/or resume coaching
- identification of transferable skills
- employment options and job placement advice
- job search techniques and strategies
- development of online employment profile (e.g. LinkedIn)
- application and selection criteria preparation
- preparation and presentation for interview
- other professional employment services (Please specify):

Name of Provider: _____

Cost: \$ _____ Quote attached (mandatory)

B. Professional re-registration Costs: *(Note – this does not include annual registration costs)*

Profession: _____

Name of Professional Body: _____

Cost: \$ _____ Quote/proof of payment attached (mandatory)

You must provide a copy of registration held in losing (or transitioning) location

Copy of previous registration attached (mandatory)

SECTION 4 - Disclaimer

The Department of Defence is bound by the provisions of the *Privacy Act 1988* (Privacy Act). We recognise that privacy is important to you, and that we have a responsibility to protect any personal information you may share with us. Please ensure you have read the relevant sections of the PEAP Guidelines relating to Privacy. Further information on DCO and Defence's Privacy policy can be found at <http://www.defence.gov.au/Privacy.asp>

False or Misleading Information

Applicants should be aware that giving false or misleading information to the Commonwealth is a serious offence under the Criminal Code Act 1995 (Cth). Where false or misleading information is provided, or relevant information withheld, criminal or disciplinary action under the Public Governance, Performance and Accountability Act 2013, Defence Force Discipline Act 1982, Public Service Act 1999, or the Criminal Code Act 1995 may be taken depending on the circumstances. If the applicant is a member of the ADF, or employed under the Public Service Act, administrative action may also be taken by Defence and sanctions imposed. Applications may be disregarded if, in the belief of the Department, false or misleading information has formed a component of an application.

Fringe Benefit Tax (FBT)

Payment of this benefit may result in a Reportable Fringe Benefit Amount (RFBA) being recorded against the ADF member. An RFBA will result when a member has received fringe benefits to the total of \$2000 in a FBT year (1 April to 31 March).

An RFBA does not have any income tax implications, but will have financial impacts if you are in receipt of any Government means tested benefits. Therefore it is recommended that applicants seek independent tax advice prior to lodging an application.

For further information regarding the impacts of a RFBA refer to the ATO website.



By ticking this box, you agree to DCO contacting you to seek feedback on the contribution of PEAP funding towards your employability.

We certify that:

- We have read and understand the statements in the disclaimer section.
- We have read and understand the PEAP Guidelines
- We understand that completion of this form does not in any way imply that this application for funding assistance will be approved.
- All the information submitted is true and complete and understand that any false or misleading information we provide may lead to the rejection of my application.

Applicant Signature: _____ Date:

ADF Member Signature: _____ Date: