

FOR OFFICIAL USE ONLY - SENSITIVE: PERSONAL (After first entry)

AD 355
Revised 17 Oct 2013

Department of Defence

Assessment of Assistance on Posting

- [PACMAN Chapter 8, Part 6, Clause 8.6.6](#) refers

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.

Assistance in completing this form is available from the Defence Community Organisation (DCO).

Section A - Member's details		Section B - Posting information	
Family name		Gaining unit, ship or establishment (<i>Do not use abbreviations</i>)	
Given name(s)		Posting order	
Service	Rank	Date posting order issued	Effective date
Employee ID		Postal address of member's gaining CO or OC	
Are you in receipt of Government assisted packages such as Autism or New Start Package? <input type="checkbox"/> Yes <input type="checkbox"/> No ↓		Is/are your dependant(s) currently receiving, or on a waitlist for respite, therapy or equipment hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please specify		Are housing modifications being sought for a Defence Housing Authority (DHA) residence? <input type="checkbox"/> Yes <input type="checkbox"/> No ↓	
Name of dependant(s) with special needs (<i>Please specify relationship to Member</i>)		The need for particular housing requirements MUST be identified in Specialist Medical documentation.	
1		Do you require a pre-posting visit? <input type="checkbox"/> Yes <input type="checkbox"/> No ↓	
2		Please also complete form AC 834 - <i>Application for Special Needs Pre-Posting Visit</i>	
3		Do you require a valet unpack for your special needs dependant(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address		Members acknowledgement statement	
Home phone number	Work phone number	I acknowledge that the information provided by me in this application is true and accurate. I understand that to make a false or misleading statement to gain benefit may make me liable for disciplinary action.	
Mobile phone number		Signature	
Member's home or work email address		Date	
		Documentation required	
		In order for your application to be processed the following must be provided with this application form:	
		<ul style="list-style-type: none">• A signed members statement.• Specialist medical documentation (<i>documentation from a GP will not be accepted</i>).• Other supporting documentation.	

Please forward completed application form and supporting documentation to:

Defence Community Organisation Headquarters

Attn: Defence Family Helpline

PO Box 7921

CANBERRA BC ACT 2610

or emailed to: defencefamilyhelpline@defence.gov.au; or Faxed to: (02) 6265 8852

FOR OFFICIAL USE ONLY - SENSITIVE: PERSONAL (After first entry)

Section C - DCO office use only

Application checked

Social work assessment required?

Yes No

Comments

Section D - DGDCO approval

Date

Approved

Not approved



If 'Not approved' please comment

Signature

Printed name

Appointment

Rank

Date