

STAFF-IN-CONFIDENCE *(After first entry)*

AD 570
Revised 17 Nov 2011

Department of Defence

Application for Emergency Support for Families Scheme

Details of applicant

Family name	Given name(s)		
Home address	Telephone number		
	Mobile number		

Service member

Employee ID	Rank	Family name <i>(If different to applicant)</i>	Given name(s)
Unit, ship or establishment			Dates of absence
Reason for Service absence			
Emergency situation <i>(Describe the current situation and the assistance that may be needed)</i>			

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 [Privacy Act \(1988\)](#). 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.

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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
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Social Work Case Manager assessment *(Attach case management plan to this application)*

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DCO recommendation

(Tick appropriate box)

Recommended Not recommended

Signature	Printed name	Date
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Commanding Officer recommendation

Comments

Recommended Not recommended

Signature	Printed name	Date
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DCO Area Manager *(On behalf of the CDF under Subclause 8.5.4.8)*

Comments

Approved Not approved

Signature	Printed name	Date
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Service provider

Service provider name		
Type of assistance	Duration	Cost
Invoice to be forwarded to		Review date

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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

Claimant's name

I request that you pay to my agent

Partner's name

Rank

PMKeyS number

the sum of

Amount

being the amount payable to me for reimbursement for costs incurred for assistance provided under the Emergency Support for Families Scheme.

Signature

Direct deposit to another account

If preferred payment is by Direct Deposit to another account a "No ABN Withholding" form should be completed and forwarded with your application. If you choose not to complete the "No ABN Withholding", Defence will be obliged to withhold from the payment an amount calculated at the top marginal rate of tax plus Medicare levy. The form is available as an Adobe download from the ESFS page on the DCO website.

See: <http://www.defence.gov.au/dco/esfs.htm>

Banking details as listed below are required for this option.

Name of financial institution

Account name

Account number

BSB number