APPLICATION FOR REIMBURSEMENT OF INITIAL SET-UP COSTS FOR DEFENCE PARTNERS SEEKING EMPLOYMENT AS CARE PROVIDERS WITH REGISTERED FAMILY DAY CARE SCHEMES

Through the Extended Child Care Program (ECCP), Defence Partners seeking employment as care providers with registered Family Day Care (FDC) Schemes may have their initial set-up costs reimbursed through ECCP.

Applicants should be aware that more than the following avenues are available for the reimbursement of initial set-up costs however, reimbursement can only be claimed through one avenue. It is the responsibility of the applicant and Defence member to obtain financial advice before making a decision.

Currently reimbursement may be obtained through Defence (ECCP Program), the Department of Education, Employment and Workplace Relations, or your annual taxation return.

Defence spouses who are already employed with Family Day Care Schemes as carers and relocate for Defence reasons may be eligible for assistance through the Professional Registration Expense Payments (PREP) scheme. Further information on the PREP Scheme is available at [http://www.defence.gov.au/dco](http://www.defence.gov.au/dco) under Employment – ADF initiatives.

Set-up costs reimbursed through the ECCP will attract Fringe Benefits Tax (FBT). Defence pays the FBT to the Australian Taxation Office. If the total cumulative value of the all the ADF member’s fringe benefits provided by Defence exceeds the $2000 threshold during the FBT year (1 April to 31 March) it will be reported on the ADF member’s pay summary in the Reportable Fringe Benefits Amount (RFBA). The RFBA amount is not used to calculate liability for income tax, however the amount is used to calculate the ADF member’s eligibility for benefits such as family payments and liabilities for HECS payments, Medicare levy and child support obligations.

Before making any decision regarding reimbursement it is recommended that you obtain financial advice. You will be required, as part of your certification, to indicate whether you have sought financial advice.

Prospective carers should also note Defence expects that where reimbursement of initial set-up costs has been made a carer will continue with the business for a minimum of six months, irrespective of whether they have received a posting order. Where a prospective carer indicates that they cannot meet this commitment, reimbursement may not be approved.

The signature of your ADF Partner or the person holding their power of attorney (where the member is absent on deployment for extended periods) will be required, as an acknowledgement and acceptance of the FBT liability that will be reported on their payment summary. Reimbursement cannot be approved without their signature.
Privacy Notice

Defence is collecting your personal information in order to consider your application for assistance under the Extended Child Care Program (ECCP).

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 Benefit Tax (FBT) liability. It will be made available 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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HOW TO APPLY FOR REIMBURSEMENT OF INITIAL FDC SET-UP COSTS

1. Contact your local Family Day Care Coordination Unit to determine your suitability, eligibility and
requirements to become a Family Day Carer. Undertake necessary training (see
www.defence.gov.au/dco for information on possible training options under the SWAPP Select
program)

2. For those living in a Service Residence – obtain approval from Defence Housing Australia to operate
a business from your Service Residence. A copy of the written approval will be required.
For those living in a Private Rental – please check with your managing agent /landlord to operate a
business from the premises. A copy of the written approval will be required.

3. Complete the necessary training, as indicated by your coordination unit.

4. Obtain financial advice as appropriate to assist with your decision.

5. Complete the attached application form, attach all original receipts and permissions as applicable
and send to:

Manager, Defence Child Care Program
Defence Community Organisation Headquarters
DKN-1-121
PO Box 7921
Canberra BC, ACT, 2610
Phone: 02 6265 8789
Fax: 02 6265 8852

APPROVAL TO OPERATE A BUSINESS FROM THE HOME PREMISES

Before you can operate a FDC business from your service residence or private rental premises you must
obtain the written permission of:

- Service Residence – Defence Housing Australia
- Private Rental – Managing Agent or Landlord

Where your residence is located on-base, DHA will write to the Base Commander and seek approval to
allow the approval and access. Please note that some Base Commanders will specify conditions regarding
the operation of a business on-base and will manage the access arrangements for civilians to enter the base to
drop off children at your residence. Defence Housing Australia will be able to assist you with these
enquiries.

A copy of the written permission must be attached to this application. No written permissions are required
if you will be operating the business from a home which you own.

If you do not provide the written permissions reimbursement of your initial set-up costs will not be approved.
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DETAILS OF APPLICANT AND ADF MEMBER

Applicant Details:
First Name:……………………………………Family Name:…………………………………………………
Home Address:……………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
..................Postcode:……………..
Telephone: (Home) (…) ............................ (Mobile) ............................................................
Email Address:.............................................................................................................................

ADF Member Details:
Family Name:………………………………………………………….Initials:………………
Service Number / PMKeyS Number:...................... Service: Navy ☐  Army ☐  Air Force ☐
Unit, Ship or Establishment (please do not use abbreviations) ............................................................
........................................................................................................................................................
Address (if different to above) ...........................................................
........................................................................................................................................................
Date of Marriage or Recognition of De-Facto Relationship ............................................................
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CERTIFICATION BY ADF MEMBER AND DEFENCE PARTNER

WE, [INSERT NAME OF APPLICANT]……………………………………………………………………
and [INSERT ADF PARTNER NAME or person holding the Power of Attorney}……………………
………………………………………………………………………………………………………………
certify the following:

1. We are aware that data relating to the reimbursement of initial FDC set-up costs will be used in calculating the total fringe benefits tax (FBT) liability for the Department of Defence, and while we do not have to pay this amount, the grossed-up fringe benefits amount will be reported on the ADF member’s payment summary where the total of all benefits received by the member over the FBT year (1 April to 31 March) exceeds $2,000. We are aware this may have financial implications for our family for payments and entitlements to/from Centrelink, Family Assistance Office and Child Support and may require notification to other government agencies.

2. Reimbursement of the initial set-up costs has been claimed through the Department of Defence only. Please note: If reimbursement of the initial set-up costs is received from the Department of Defence, you cannot claim reimbursement from the Department of Education, Employment and Workplace Relations or as work-related expenses in preparing my Annual Income Tax return to the Australian Taxation Office.

3. We intend to operate the Family Day Care business for a period of not less than six months in our current posting locality or, if changing localities before the six month period has elapsed, to re-establish the business in our new locality.

4. We have/have not (please circle the appropriate response) sought financial advice in making this decision.

Applicant Signature: ……………………………………………………………..Date: / /

ADF Member Signature: ……………………………………………………………..Date: / /
(or Person holding the Power of Attorney)

(Note: The signature of the ADF member or the person holding his/her power of attorney is required before reimbursement will be approved.)
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DOCUMENTATION REQUIRED

Documentation to be provided by the Applicant

Permission to operate a business from your Service Residence or private rental residence. Please attach and tick as appropriate:

☐ Written permission from Defence Housing Australia.
ORN
☐ Written permission from Managing Agent or private landlord as appropriate.

Original receipts are to be attached for all expenses claimed. Please tick as appropriate:

☐ First Aid Certificate
☐ Public Liability Insurance
☐ Police Checks
☐ Car Safety Certificate
☐ FDC Scheme Registration Fee
☐ FDC Quality Assurance Scheme Fee
☐ Other (please provide details)…………………………………………………………………
…………………………………………………………………………………………………………….

If direct deposit is to be made to a bank account other than that used by your ADF Partner for receipt of their salary please attach the:

☐ Completed “No ABN Withholding” form (see payment section in pages following) This form can be found at www.defence.gov.au/dco and follow the links to the Emergency Support for Families Scheme.

Additional Material for Family Day Coordination Units Only

☐ Tax Invoice (including a notation of the date the carer has or will commence care)
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PAYMENT DETAILS

Payment can be made into your partner’s bank account (as identified by the Defence accounting system) by completing the “Order to Pay Agent” details below:

ORDER TO PAY AGENT

I [INSERT CLAIMANT’S NAME]………………………………………………. request that you pay to my agent

[INSERT PARTNER’S NAME/RANK/PMKEYS NUMBER] ………………………………………
………………………………………………………………………………………………
the sum of ……………………………………………… being the amount payable

to me for reimbursement of initial set-up costs to establish a Family Day Care Business.
………………………………………………………………………………………………

SIGNATURE      Date      /      /

OR

DIRECT DEPOSIT TO ANOTHER ACCOUNT

If your 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 DCO website (follow the links to the Emergency Support to Families Scheme page). 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 ……………………………………………
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PAYMENTS TO FAMILY DAY CARE COORDINATION UNITS ONLY

DIRECT DEPOSIT TO ACCOUNT
FOR USE BY FAMILY DAY CARE COORDINATION UNITS ONLY

A tax invoice and banking details as listed below are required for this option:

Name of Financial Institution …………………………………………………
Account Name ………………………………………………………………
Account Number ……………………………………………………………
BSB Number ………………………………………………………………
ABN Details………………………………………………………………
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Eligible / Ineligible
Amount recommended for reimbursement: $....................

Reason for ineligible applicant……………………………………………………………………………

Authorised by:………………………………………………….  Date:        /         /

Print Name ……………………………………………………………

Claim Approved/Not Approved
Amount approved for reimbursement: $....................

Approved by:  ……………………………………………  Date:        /         /

Print Name ……………………………………………

Claim Paid
Amount reimbursed: $....................

Completed by:  ………………………………………  Date:        /         /

Print Name …………………………………………...