RFS | Benevolent Fund

RFS Benevolent Fund Limited
ABN: 37 663 232 371
Address: 4 Murray Rose Ave, Sydney Olympic Park, NSW, 2127, Australia

Application Form

The RFS Benevolent Fund exists to ensure RFS members and their families receive the support they need, when they most need it. This includes support for your most urgent needs, funding for counselling and support services, or links to services and support to assist you.

We can provide stand-alone support or work in tandem with other support, such as counselling and support services, depending on your individual circumstances.

To apply for assistance, complete this **Application Form** and **attach any supplementary or supporting documents** you can. Submit this form and supporting documents to info@rfsbenevolentfund.org.au.

If you are applying on someone's behalf, **attach copies of their identification documents** and a signed letter of consent that includes their contact information.

All applications will be assessed with compassionate consideration. Priority will generally be given to those with the most urgent and significant hardship.

If you require immediate urgent assistance, email info@rfsbenevolentfund.org.au with your contact information and a short description of your situation prior to completing this form.

How to fill out this application

This application consists of five sections:

- **Section A – Identification information**
- **Section B – Circumstance details**
- **Section C – Privacy Policy**
- **Section D – Declaration of information**
- **Section E – Additional identification**

Sections **A, B, C and D must be completed** for your assessment.

Please include any relevant supporting documents in '**Section E: Additional Identification**'. This information will be required as part of the assessment process and will be reviewed as part of your application. If you are unable to provide this information now, a service representative will contact you during the assessment process to obtain the information.

Section A – Identification information

1. Are you completing this application on behalf of someone else?

☐ Yes.

☐ No, I am completing it for myself.

If you are completing this application on behalf of someone else, attach relevant identification documents and a letter of consent signed by that person. The letter of consent should include the relevant person's contact information. Written consent will always be required unless there are exceptional circumstances, which will be determined on a case-by-case basis.

2. Can you provide written consent?

☐ Yes.

☐ No.

If No, describe the details of why it is not possible at this time to provide the written consent of the person you are applying for

3. Beneficiary personal details

If you are completing the application on behalf of someone else, please provide the details of the beneficiary and your own details as an applicant. If you are the beneficiary, you will fill out only the applicant details.

Full name:	
Contact number:	
Home address:	
Email address:	

4. Applicant personal details

Full name:	
Contact number:	
Home address:	
Email address:	

Section B – Circumstances

Please provide only information that is relevant to your application.

5. Which of the following best describes you?

☐ Current or former RFS **volunteer** member

☐ Current or former RFS **staff** member

☐ Family of current or former RFS volunteer or staff member

☐ Other (please specify) _____

6. If you are a current or former RFS member, provide your volunteer or staff number and your brigade.

☐ I don't know my volunteer or staff number. Please provide further membership information.

Brigade:	
Date of birth:	

7. If you are a family member, describe your relationship to the RFS member.

8. Did the injury or fatality occur as a result of an RFS authorised activity?

☒ Yes ☐ No ☐ N/A

If Yes, describe the RFS activity and circumstances and attach any relevant information

Please complete questions 9-11 if you are experiencing hardship due to changes in your work or income situation

9. Changes in Income or Work Situation (if applicable).

Item	Before Incident	Current
Your weekly income	$	$
Partner income (if applicable)	$	$
Other household income	$	$

10. Have you returned to work? ☐Yes ☐No ☐Reduced hours

11. Is your current working situation expected to be:

☐Temporary (under 3 months)

☐Medium term (3-12 months

☐Long term (12 months or uncertain)

Please include any medical certificate of capacity you may have.

12. Please indicate your current financial position:

Approximate Savings available (if any):	
☐None	☐1-3 months of expense
☐Less than 1 month of expenses	☐More than 3 months

Are you currently experiencing, or do you expect to experience in the next 3 months, any of the following?

☐Difficulty covering basic living expenses such as food, transport costs, medical

☐Difficulty meeting mortgage repayments

☐Difficulty paying rent

☐Overdue utility bills (electricity, gas, water)

☐Credit card or loan arrears

☐Risk of eviction, repossession or service disconnection

☐None of the above

Do you have any significant upcoming essential expenses?

☐Medical/dental

☐Car repairs

☐Household appliance replacement

☐Essential insurance payments

☐Other (please specify)

13. Do you have any dependants living in your household? *If yes, please provide details*

14. Broader Personal and Family Impacts
Please indicate how this situation is affecting you or your family

Please provide only information that is relevant to your application and that you are comfortable in sharing

☐Physical injury impacting ability to work

☐Psychological or emotional impact

☐Increased caring responsibilities

☐Other significant impacts

Please describe other significant impacts

15. What assistance are you seeking from the fund?

Question	Description
Amount requested (if known)	
What will the funds be used for?	
When do you require support? *Please include any important dates (e.g. appointment dates or bill due dates)*	
Please attach relevant documentation to demonstrate the hardship you are facing *(e.g. bills, work cover assessment).*	*Please list the documents you have attached in this box*

16. Is there any other supporting information/documentation that you have which could help the RFS Benevolent Fund make its decision?

☒ Yes ☐ No

If Yes, describe and/or attach any relevant information related to your circumstances.

17. Have you or a family member applied for or received financial support from other avenues (e.g. Workers Compensation, Insurance, Legal compensation, RFSA Support)?

☐ Yes ☐ No

If Yes, describe and/or attach any relevant information related to the outcome of the support

Section C – Privacy statement

By ticking this box ☐, you acknowledge and consent to the following regarding the use of your Personal Information:

- The RFS and the RFS Benevolent Fund collect your Personal Information for the purposes of assessing your eligibility for assistance and administering support.
- The Personal Information you provide (including financial and health information, where relevant) will be used to:
    - assess your application;
    - verify the information provided;
    - determine the nature and level of assistance; and
    - administer and deliver support, including any payments.
- Where you provide health or medical information to the Fund (including information about physical or psychological conditions), you **expressly consent** to the Fund collecting, using and disclosing that information for the purposes set out above and in the RFS Benevolent Fund Privacy Policy.
- Your information may be disclosed to:
    - the RFS;
    - members of the Fund's Assessment Committee;
    - authorised case managers, third party service providers and other Fund and/or RFS personnel involved in assessing or administering your application;

  in accordance with the RFS Benevolent Fund Privacy Policy.
- I authorise the NSW Rural Fire Service and / or iCare NSW to provide the RFS Benevolent Fund with information that is reasonably necessary to assess my application for support from the RFS Benevolent Fund.
- The Fund will handle your Personal Information in accordance with the Privacy Policy.
- Providing the requested information is generally voluntary. However, if sufficient information is not provided, the RFS Benevolent Fund may not be able to assess your application or provide assistance.
- If you are applying on behalf of another person, you confirm that you are authorised to provide the RFS and RFS Benevolent Fund with their Personal Information and that you have made them aware of this Privacy Statement. The RFS Benevolent Fund relies on you to make those individuals aware that their Personal Information has been provided to the Fund as part of the application process.
- The information provided may be used where reasonably necessary to assess eligibility and ensure the integrity of the Fund's assessment processes.
- You may request access to, or correction of, your Personal Information or raise a privacy concern by contacting: **info@rfsbenevolentfund.org.au**.

Section D – Declaration of information

I declare that that information provided is truthful, accurate and legitimately supports my application claim. I acknowledge that Information provided in this form is collected for the purposes of assessing my application for support by the RFS Benevolent Fund and RFS and may be held for this purpose. I also authorise the RFS to release any information needed to the RFS Benevolent Fund to assess my application for support from the RFS Benevolent Fund.

Full name:			
Signature:		Date:	

We will take all provided information into consideration for your application and may contact you for further discussion of your circumstances.

Additional identification

We recognise the struggles and extenuating circumstances of applicants. There are **additional identification questions** and documents that will be required to assess your application for RFS Benevolent Fund support. If unable to fill out this section currently, you may supply this information at any time while your application is being assessed.

Section E – Additional identification

1. **Are you able to attach any identification documents to this form?** *This may include Passport, Driver's License, Photo Identification card*

   ☐ Yes ☐ No

   This may include a Passport, Driver's License or Photo Identification Card. You can find further examples of Identification documentation in the ***Applicant Support Guide****. Identification documents are requested to verify identity and to prevent fraud.*

2. **Financial Institution Details:**

Bank name:	
Account name:	
BSB number:	
Account number:	

To be completed by assessor	
Date received:	
Case manager:	
Application number:	