

Application

Beneficiary eligibility:

1. Serving ADF member/Ex-serving ADF member
2. Illness or injury as a result of service
3. In financial hardship

1 Applicant:

Given Name:

Surname:

Contact Number:

Email:

Date of Birth:

Gender:

Marital status:

Address:

Country of birth:

Do you identify as:

- Aboriginal Torres Strait Islander
 Other (please specify)

Other:

2 Service details:

Service/PMKeyS no:

Period of Service:

From:

To:

Service:

- Army Navy Air Force

Rank Class:

- OR NCO SNCO OFFR

Deployment(s), Location and Dates:

Discharge Type:

Impact of Service:

- Physical
 Illness
 Mental Health
 Deceased

DVA File Number:

Transition Seminar attended:

- Yes No

If Yes, where and when?

DVA Liability accepted:

- Yes No

DVA Health Card:

- White Gold
 Gold with TPI

Last unit served in:

Details of current and/or planned future applications with DVA:

3 Family details:

Spouse/Partner name:

Address if different to service member:

Contact Number:

1 Child / Dependant Name:

2 Child / Dependant Name:

3 Child / Dependant Name:

Date of Birth:

Gender:

- M F

Date of Birth:

Gender:

- M F

Date of Birth:

Gender:

- M F

If required, please add additional pages for more dependents.



4 Advocate/Support Service or contact to assist on your behalf:

Name of Contact:

Organisation name or Unit:

Contact Number:

Email:

5 Request for assistance:

Please advise us how you think Bravery Trust may be able to assist you:
(There are some areas that we cannot assist with. E.g. loans, government debt, fines and legal fees)

Please add pages and/or bills/invoices as applicable ensuring payment details are included.



6 Previous assistance:

Have you previously applied for assistance from us or any other trust/organisation?

Yes No

If Yes from whom, when and what assistance was provided?

How did you hear about Bravery Trust (tick all that are appropriate)?

DVA Open Arms Bravery Trust Website
 RSL Word of Mouth Transition Seminar

Other (please detail):

7 Financial details:

What is your current household fortnightly income:

\$

Are you currently employed?

Yes No

If Yes in what capacity (Full or Part time etc):

F/T P/T Casual

What are your current household fortnightly expenses:

\$

Please provide bank statement(s) of all your bank accounts confirming your current financial situation.



8 Privacy/Confidentiality Disclaimer and Signature:

By submitting this form to Bravery Trust:

- I certify that my answers are true and complete to the best of my knowledge
- I authorise Bravery Trust to act on my behalf in any dealings as required with Third parties/Agencies. These will be discussed and confirmed with Bravery Trust as part of my application
- I acknowledge Bravery Trust is entitled to make any reasonable enquiry to ensure the appropriate use of financial assistance
- I acknowledge that this permission will remain in place with this application until written advice is received withdrawing permission
- I understand that any false or misleading information in my application may result in withdrawal of assistance and/or recovery of monies paid
- I give permission for Bravery Trust to contact me to provide feedback on my application

Name and Signature:

Date:

Documentation required

Documentation is required by Bravery Trust to verify your service and to confirm eligibility for assistance from us. Please attach the following to your application:

All applications:

- Documentation confirming the injury/illness is related to your ADF service (DVA letter of accepted conditions, medical discharge letter or similar)
- Statements of all your bank accounts showing your name on the account and your account balances, as well as those of your partner (if applicable)

Other documentation may be requested, but this will be discussed with you as part of the application process.

About the Information You Provide

The information sought on your application form is to enable an assessment to be made against the Bravery Trust assessment criteria.

As a Not for Profit organisation the Bravery Trust is bound by the Privacy Act 1988. This Act obliges the Bravery Trust to protect the personal information of individuals from unauthorised use and disclosure and to follow certain standards in requesting and managing the information we receive.

For more information or assistance with this application form, please contact one of our team members on:

applications@braverytrust.org.au
1800 BRAVERY
(1800 272 837)