

**SENSITIVE: PERSONAL
(WHEN COMPLETED)**



APPLICATION FOR ASSISTANCE—KEEPING WATCH

Background

Keeping Watch was established by the Trustees of the Royal Australian Navy Relief Trust Fund (RANRTF) as an additional and separate mechanism through which the Trustees may provide for the comfort, recreation or welfare of a person who is currently a member, whether permanent or reserve, of the RAN.

Purpose of this Form

This form is to be used by Permanent or Reserve members of the RAN to apply for financial assistance from Keeping Watch.

Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the RANRTF for the administration of Keeping Watch. The information collected in the application form is required to process your application for assistance from Keeping Watch. Your information may be used by the RANRTF or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the RANRTF will manage your personal information, including our privacy policy by requesting a copy from the RANRTF.

Applicant's Details:

Surname	Given Names	Rank	PMKeyS No.
Current Unit	Enlistment Date		
Residential Address			
Suburb:	State:	Post Code:	
Email			
Daytime Phone	Home Phone	Mobile Phone	

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Outline of Request for Assistance:

Briefly describe the nature of your request for assistance, the amount required and the purpose for which it is required, the timing and any other relevant information to support your case. Please attach additional pages if necessary.

Amount Sought: \$.....

Financial Information (only provide if your application relates to financial hardship)

Section A- Fortnightly Income		Section B - Other Income	
	Amount		Amount
Gross Income		Investments	
Family Payments		Shares	
Spouse Income		Other Assets*	
Rent Allowance			
Other*			
Total:		Total:	

Section C - Savings		
Account Type	Amount	Purpose
Total:		

Section D - Fortnightly Expenses			Section E- Other Expenses		
	Fortnightly Amount	Comments		Fortnightly Amount	Comments
Tax			Health Fund		
DFRDB/MSBS			Car Expenses		
Rent / MQ			Rent		
Child Support			Food		
RANRTF			Electricity/Gas/Water		
Other*			Phone		
			Entertainment		
			Other*		
Total:			Total:		

Section F - Loans and Credit Cards			
Type	Fortnightly Repayment	Amount Outstanding	Comments
Totals:			

Note: Loan types may include Mortgages, Personal Loans, Car Loans, Cash Converter Loans etc

Additional Information:			

Note: Items that are marked with a * are to be followed with an explanation as to what the nominated amount is for.

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Referee Comments and Contact Details

Please provide details of, and supporting comments from, a person who is able to assist in the RANRTF understanding and / or assessing the circumstances described in your application. This person may be your Immediate Supervisor, Divisional Officer, Chaplain, DVA Case Officer, DCO Case Officer Worker, or any other appropriate person.

Name of Referee:

Nature of Relationship:

Organisation (if appropriate):

Email:

Daytime Phone:

Mobile Phone:

<input type="text"/>	<input type="text"/>
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Referee's Comments:

Signature of Referee:

Date

<input type="text"/>	<input type="text"/>
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Commanding Officer Comments and Contact Details

Applicants are encouraged to seek support for, or comment on, their application from their Commanding Officer through the chain of Command.

Name of Commanding Officer:

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Email:

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Daytime Phone:

Mobile Phone:

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Commanding Officer's Comments:

Commanding Officers are encouraged to comment on the nature/extent of the members situation; possible effects their situation will have upon their their welfare; other measures taken to support the member's welfare (e.g. RANRTF, local Welfare Committee, other support organisations); actions taken by member to resolve their current situation and future management plans that the member can implement; risk issues; and any other matters which the Commanding Officers consider relevant.

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Signature of Commanding Officer:

Date

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Authorisation and Acknowledgement

I hereby acknowledge that the information I have provided on this application form is to the best of my knowledge true and correct.

Signature of Applicant

Date

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Signature of Witness (an adult who is not a family member)

Date

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Full Name:	
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Address:	
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Keeping Watch Application Check-List

	Yes	No	NA
1. Applicants Details are Correct on page one of Application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Page two reflects a requested amount and an outline of the member's situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Member has completed the Keeping Watch Financial Statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the member listed a Referee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commanding Officer has provided comments and signed the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Member has signed the application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Documents to be included with the member's application:

- DO Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- DCO Reports relating to the member situation (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Results of Financial Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Invoices / Quotes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: All applications must be completed in full with supporting documentation prior to submission

Please send the completed Application Form to this address either by email, fax or post.

Email: ranrtf.principleoffice@defence.gov.au

Postal Address: CP3-1-130, Campbell Park Offices

Northcott Drive, PO Box 7912, Campbell, ACT, 2610