

**APPLICATION**

**THE ADELAIDE BENEVOLENT SOCIETY HOLIDAY UNIT PROGRAM**



BENEVOLENT SOCIETY

EST 1849

**Please ensure that you have read the Policy and Rules prior to completing this application form.**

**APPLICANT 1** (Please circle) Mr Mrs Ms Miss

**APPLICANT 2** (Please circle) Mr Mrs Ms Miss

SURNAME.....

SURNAME.....

Given Names.....

Given Names.....

Date of Birth.....

Date of Birth.....

Telephone Number (Mobile):.....

Relationship to APPLICANT 1.....

**TOTAL YEARS LIVING IN SA**.....

**TOTAL YEARS LIVING IN SA**.....

HOME ADDRESS:.....

Post Code..... Tel:.....

POSTAL ADDRESS (If different from above) .....

EMAIL ADDRESS:..... Please send correspondence via email

Is a carer accompanying you on your holiday? YES  NO

If yes, is this person a friend, family member, or from an agency?.....

**1. WHO IS ACCOMPANYING YOU ON YOUR HOLIDAY? PLEASE LIST BELOW ALL ADULTS AND CHILDREN**

Name	Relationship to Applicant	Date of Birth
.....	.....	.....
.....	.....	.....
.....	.....	.....

**2. FINANCIAL INFORMATION: FINANCIAL INFORMATION OF AGENCY CARERS NOT REQUIRED**

<p><b>Applicant 1</b> (please tick)</p> <p><input type="checkbox"/> Centrelink (specify).....</p> <p><input type="checkbox"/> Dept. of Veterans Affairs</p> <p><input type="checkbox"/> Wages</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> WorkCover</p> <p><input type="checkbox"/> Other (specify) .....</p>	<p><b>Applicant 2</b> (please tick)</p> <p><input type="checkbox"/> Centrelink (specify) .....</p> <p><input type="checkbox"/> Dept. of Veterans Affairs</p> <p><input type="checkbox"/> Wages</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> WorkCover</p> <p><input type="checkbox"/> Other (specify) .....</p>
<p><b>Other Adult</b> (please tick)</p> <p><input type="checkbox"/> Centrelink (specify).....</p> <p><input type="checkbox"/> Dept. of Veterans Affairs</p> <p><input type="checkbox"/> Wages</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> WorkCover</p> <p><input type="checkbox"/> Other (specify) .....</p>	<p><b>Other Adult</b> (please tick)</p> <p><input type="checkbox"/> Centrelink (specify) .....</p> <p><input type="checkbox"/> Dept. of Veterans Affairs</p> <p><input type="checkbox"/> Wages</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> WorkCover</p> <p><input type="checkbox"/> Other (specify) .....</p>

Evidence MUST be included with the application, i.e Centrelink Income Statement or pay slips

**3. ASSETS:** Please provide details of any property (excluding the family home) and car, savings or investments over \$5,000 for any adults:

Item.....	TOTAL VALUE \$ .....	Item.....	TOTAL VALUE \$ .....
Item.....	TOTAL VALUE \$ .....	Item.....	TOTAL VALUE \$ .....
Item.....	TOTAL VALUE \$ .....	Item.....	TOTAL VALUE \$ .....
Item.....	TOTAL VALUE \$ .....	Item.....	TOTAL VALUE \$ .....

**4. EMERGENCY CONTACT WHILE ON HOLIDAY:**

Name ..... Relationship to Applicant/s .....  
Mobile Number ..... Alternative Number .....

**5. PREVIOUS USE OF THE PROGRAM**

Have you used the Holiday Unit Program in the past? YES  NO

If YES, what was your holiday date ...../...../.....

**6. STATEMENT TO BE SIGNED BY THE APPLICANT:**

Please check all pages of this application before reading and signing the following statement:

- I apply to be considered for the Adelaide Benevolent Society Holiday Unit Program
- I give my consent to any referring agency to provide relevant personal information to Adelaide Benevolent Society
- I consent to the Adelaide Benevolent Society providing my details to any management company used to manage the Holiday Unit Program units.
- I have read the Holiday Unit Program Rules and agree to abide by them should my application be successful
- I declare that to the best of my knowledge the information contained herein is true and correct
- To the best of my knowledge, I meet the essential criteria in the Holiday Unit Policy
- I understand that a portion of the cost of the Holiday Unit Program is funded by the Wyatt Trust and I consent to a copy of this application being provided to the Wyatt Trust for their non-identifying data reporting and grant evaluation in accordance with the attached privacy collection statement.

Signature of Applicant/s ..... Date .....

**7. THIS SECTION TO BE COMPLETED BY REFERRER –**

**\* A referring agency is only required for Financial Hardship Applications. The form is not required to be completed by a third party referring agency if the Applicant is on a low income**

Name of REFERRING agency.....  
Address..... Post Code.....  
Contact Name..... Position.....  
Email..... Mobile.....  
Length of time you have known the Applicant: .....

**9. ATTACHMENTS:**

1. If the applicant **IS NOT** on a low income, the application must be provided by a referring agency and that agency must provide evidence and reasons for financial hardship, including a budget of family expenses.
2. **EVIDENCE OF INCOME** comprising all pages of the applicants' Centrelink Income Statement and / or recent pay slips for all adults (except agency carers) on the application.

**Unsigned and incomplete applications will not be considered. Successful Applicants will be notified in writing.**

Please send completed applications *via* email or post

**ADELAIDE BENEVOLENT SOCIETY INC.**

17 Morialta Street, ADELAIDE SA 5000

E: [finance@adelaide.org.au](mailto:finance@adelaide.org.au)

T: 8231 5321

[www.adelaide.org.au](http://www.adelaide.org.au)



## **The Wyatt Trust - Privacy Collection Statement**

### **Your privacy is important to us**

The Wyatt Trust is committed to protecting your privacy. In accordance with the privacy legislation, we comply with the Australian Privacy Principles (APP) in the Privacy Act 1988 (Cth) in relation to our handling of your personal information.

### **Your personal information**

The type of personal information we hold about you depends on your relationship with us and the extent to which you have accessed the assistance we provide. All information will be collected in accordance with this privacy statement or as otherwise prescribed by the APP.

### **If your personal information is not provided**

If you do not provide us with all of the information we request, we may be unable to assist you.

### **How we use your personal information**

The purpose of collection of this personal information is to enable The Wyatt Trust staff to determine your eligibility for assistance and to help us understand any benefit you may have gained from that assistance. In the case of general grant applications, or where assistance is through a Wyatt Trust partner organisation, the information is provided by a referrer (*eg support worker, social worker*) who makes the application on your behalf.

### **When we may disclose your information**

We may disclose your personal information to our staff, Board, agents, contractors or service providers who act or provide their professional services to us. The identity of these agents, contractors and service providers may change from time to time. In general, the types of persons or organisations your information may be disclosed to are:

- Parties whom we are permitted, authorised or required by law or the APP to disclose your information;
- Partner organisations and referrers including support workers and social workers from a human service group or agency who make your application;
- Financial counsellors;
- Our contracted service providers, research providers and our cloud hosted software systems' operators and their agents; and
- Suppliers of goods and services being provided to you in accordance with your application.

### **You can access your personal information**

You may request access to the personal or sensitive information that we hold about you at any time through your referrer or agency (although under the APP some requests may be denied in some circumstances). All requests should be made in writing to your referrer or agency.

### **Would you like more information?**

You can visit The Wyatt Trust website - [www.wyatt.org.au](http://www.wyatt.org.au) - or email [office@wyatt.org.au](mailto:office@wyatt.org.au) or call 82240074. Your referrer or agency may also be able to assist with the information you need.