

APSA EMERGENCY HARDSHIP FUND

COVID -19 Emergency hardship fund application

Information provided in this application will be treated with complete confidentiality. It is only for disclosure to the APSA Inc. COVID - 19 sub committee and to only be used for consideration of approval of funding requests.

Assistance up to the amount of \$1000 will be available to successful applicants.

The sub committee will consider each application on it's individual merits. The amount granted will be determined by the sub-committee taking into consideration the household circumstances and the APSA Inc. COVID -19 fund policy and procedures.

Personal information:

Legal name: _____

Coaching name if different FROM above: _____

Address: _____

_____ State: _____ P/C: _____

Telephone: _____ email: _____

Of which State PSA are you a current member: _____

Australian Citizen: Yes No

Additional information to be included with your application: you only need to fill in the information pertaining to the category under which you are applying.

Category 1

- coaches who have applied for jobseeker and / or job keeper and been unsuccessful in their application,
- in households with NO other source of income, income includes youth allowance, carers pension, income from rental properties, investment funds etc

Category 2

- households with only 1 source of income with priority to families with dependant children under 17 years of age

Category 3

- coaches who do not meet the above criteria but can prove they are experiencing severe financial hardship

Category 4

- coaches who find themselves in need of assistance due to domestic abuse / violence (this assistance may be to help them to relocate, have access to support service or any other means the sub-committee consider in the best interest of the applicant)

Category 5

- coaches who have tested positive with Coronavirus

All categories:

1. Describe your reason(s) for needing financial assistance:

Category 1,2,3:

2. Is any member of your household currently employed and earning an income from their employer:

Yes

No

Category 1,2,3,4:

How many dependant children under the age of 17 years of age do you have? _____

Category 1,2,3:

What was your coaching position as of Feb 2020? _____

Category 1,2,3:

Is coaching your primary form of income:

Yes

No

If not, provide further details e.g part time coach but no longer working in your other job etc

Category 1,2,3:

Please provide proof of application or registration of jobseeker and / or job keeper and current status of your request e.g being assessed, approved, declined (this information can be obtained in your myGov account).

OR

Provide proof that you are not eligible to apply for job keeper and / or jobseeker benefits.

Category 1,2,3:

Are you or a member of your household receiving any other financial payments at this time e.g youth allowance, carers pension, income from rental property (s), investment funds, superannuation, holiday leave etc.

Yes

No

If yes please provide further details.

Category 4:

Please advise of how we can be of the most assistance during this time and the safest way for us to contact you.

I understand the fund has been set up for those enduring financial hardship and each application will be considered on an individual basis.

The information I have provided is to the best of my knowledge accurate at the time of my submission.

If my application is approved and the information I have provided is found to be false or misleading I will be required to reimburse the fund and may have disciplinary action taken against me.

My information will be treated with the upmost confidentiality. I agree to this application and any further information submitted by me, whether written or oral, to be distributed amongst the APSA Inc. COVID - 19 sub committee for the sole purpose of consideration of my application.

I understand submission of my application does not guarantee approval of assistance.

Signed: _____

Dated: _____

Hard copy applications are to be mailed to The President, APSA Inc, 5/35 Pennant Hills Rd, North Parramatta, NSW, 2151

For office use.

Application received: / / 2020 Submitted to the sub-committee: / / 2020

Application: approved denied Date: / / 2020

Reasons for approval or denial: _____

Applicant advised of outcome: / / 2020

by: (Name and APSA position held): _____

If approved, payment made on: / / 2020