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(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 or welfare of a member of the Permanent Navy or Naval Reserve rendering continuous full time service under a SERVOP C arrangement.

Purpose of this Form

This form is to be used by eligible personnel as described above 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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Dependents:

Please provide list of your dependents.

Name of dependent (s)	Age (for children only)

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: \$.....

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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, or any other appropriate person.

Name of Referee:

Nature of Relationship:

Organisation (if appropriate):

Email:

Daytime Phone:

Mobile Phone:

Referee's Comments:

Referee's are encouraged to comment on the nature/extent of the members situation; possible effects their situation will have upon their health, welfare, morale and discipline; 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 referee considers relevant.

Signature of Referee:

Date:

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Commanding Officer Comments

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

Name of Commanding Officer:

Email:

Daytime Phone:

Mobile Phone:

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

Commanding Officers are required to comment on the nature/extent of the members situation; possible effects their situation will have upon their health, welfare, morale and discipline; 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 Officer considers relevant.

Signature of Commanding Officer

Date

<input type="text"/>	<input type="text"/>
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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

Full Name:	
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"/>
- Current Payslip	<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 or post.

Email: ranrtf.principaloffice@defence.gov.au or Keeping.Watch@defence.gov.au

Postal Address: Keeping Watch, CP3-1-130, Campbell Park Offices
Northcott Drive, PO Box 7912, Campbell, ACT, 2610