



## APPLICATION FOR CONSIDERATION OF PAYMENT THROUGH PSA/CPSU NSW EMERGENCY RELIEF FUND

Member name:	Member number:
Date of application:	Date joined PSA/CPSU NSW:
Referred by (if applicable):	
Worksite:	
Location:	
Residential address of member:	
Has members primary residence been fully or partially destroyed by an event as described in the Emergency Relief Fund Policy? Fully destroyed <input type="checkbox"/> Partly destroyed <input type="checkbox"/>	
If partially, please describe:	
Date and type of event that incident occurred to primary residence, please describe:	
Request: <input type="checkbox"/> One off payment of \$1000	
Reimbursement for other consideration (to the value of \$1000) <input type="checkbox"/>	
Details for a reimbursement (copies of receipts must be attached)	



160 Clarence Street, Sydney NSW 2000 GPO Box 3365, Sydney NSW 2001  
1300 772 679 [psa@psa.asn.au](mailto:psa@psa.asn.au) [www.psa.asn.au](http://www.psa.asn.au) [@psansw](https://www.facebook.com/psansw)



## APPLICATION FOR CONSIDERATION OF PAYMENT THROUGH PSA/CPSU NSW EMERGENCY RELIEF FUND

Are you or have you made a claim under an Insurance Policy (please provide details):

I certify that the above information submitted in this application is true and correct to the best of my knowledge.

Signature of member:

Date:

Evidence, to verify facts (Please supply photo's if you have):

### FOR INTERNAL USE ONLY

Recommendation of PSA/CPSU NSW 2022 Flood Relief committee:

Date committee convened:

Approved: Yes  or No

Payment method and bank details:

Names of committee members:

General Secretary's signature:

Date:



160 Clarence Street, Sydney NSW 2000 GPO Box 3365, Sydney NSW 2001  
1300 772 679 [psa@psa.asn.au](mailto:psa@psa.asn.au) [www.psa.asn.au](http://www.psa.asn.au) [@psansw](https://www.facebook.com/psansw)