

YMCA BRISBANE and Y-CARE (SOUTH EAST QLD) INC <b>2021 CONFIDENTIAL APPLICATION FORM</b> <b>YMCA Hardship Fund</b> 03/2021		Application Date
---	---	------------------

Records are required for auditing and transparency purposes but all applications will be privy to only a small number of people to maintain confidentiality	OFFICE USE ONLY	Application No
---	-----------------	----------------

**APPLICANT DETAILS**

Name of Staff Member	Position Held	Length of Service	<input type="checkbox"/> Casual <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Home Address:	Email Address	Mobile Contact No.	

**MANAGER DETAILS**

Name of Manager/Supervisor	Centre/Service
----------------------------	----------------

**DETAILS OF HARDSHIP**

Please describe, in as much detail as possible, the nature of your application to access the employee hardship fund. Please provide as much information as possible in relation to your situation. If insufficient space, please attach any documentation that would support your application.

---

---

---

---

---

---

---

---

**CURRENT SITUATION**

Are you receiving Govt Incentive payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving rent assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you employed elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Is YMCA your main employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a second income earner in the family	<input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of people in immediate family (This assists with food quantities)	Adults:	Children:

**SUPPORT BEING REQUESTED**

Food (Fresh and non-perishable items are available when possible)

Vouchers       Supermarket       Fuel       Other

Clothing or Household items through our YMCA Op Shops (Locations are Upper Mt Gravatt and Mango Hill)

Other (please specify) \_\_\_\_\_

I declare the above information is true and correct.

Signature of Staff Member..... Date:...../...../.....

Please submit this form to [hardship@ymcabrisbane.org](mailto:hardship@ymcabrisbane.org)

**OFFICE USE ONLY**

RECOMMENDED BY MANAGER/SUPERVISOR	ASSESSED BY WELFARE TEAM
...../...../.....	...../...../.....

**OUTCOMES**

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Chief Executive Officer: ...../...../.....
--	---