

TO: Brigade OIC/Secretary  
(As Addressed)

Re: WAVFRSA Welfare Fund Application Process

Dear OIC/Secretary,

Please find attached the Welfare Fund Application Pack to assist you in preparing a WAVFRSA Welfare Fund application for a Member of your brigade.

**Part 1** describes the Application Process in detail.

**Part 2** is the application form, a three page document where full details of the applicant and the circumstances of the claim can be completed.

NOTE: Should you need more room to provide the Committee with details of the claim, please attach additional page(s). The Welfare Fund Committee members make their decisions based on the information supplied, thus full details presenting the applicant's circumstances and the assistance sought, will allow the Committee to make an informed decision on the claim.

**Part 3** is a two page personal budget proforma that may assist your brigade member to develop a forward plan for their personal financial circumstances. This proforma is provided to assist the claimant, and with help from the brigade (if requested), plan for the future. Completion and return of Part 3 will assist the Welfare Fund Committee to form a decision.

Should you have any questions regarding completing the application, please initially contact WAVFRSA at 08 9377-8900 or by email: [admin@frsvols.asn.au](mailto:admin@frsvols.asn.au)

Please be advised that we treat all applications in the strictest confidence and will endeavour to process the matter as quickly as possible.

Yours faithfully,

Fund Secretary

WA VOLUNTEER FIRE and RESCUE SERVICES ASSOCIATION WELFARE FUND

# WESTERN AUSTRALIAN VOLUNTEER FIRE AND RESCUE SERVICES ASSOCIATION (WAVFRSA) WELFARE FUND

– Application –

## PART ONE

Brigade Secretary and/or Claimant request a Welfare Fund Application for Grant form from the Fund Secretary.

Application for Welfare Grant is completed by the Brigade Captain/Officer in Charge and the Brigade Secretary in collaboration with and/or on behalf of the Claimant. Particulars of the case should be clearly described to enable the Committee to make an informed and fair determination.

Applications should include:

- A completed grant application form (See Part 2);
- A one-page letter describing:
  - Why funds are being sought;
  - A summary of funds requested including justification (optional);
  - Details of any funding you have received from the Fund or other funds in the past;
  - Any other details that may verify your financial situation.
- Supporting documentation such as Medical Certificates, Bank Statements, witness reports, etc;
- A completed Personal Budget Calculator with as much detail as possible (See Part 3);
- Consent of other persons identified.

Completed applications are to be verified and signed by both the Captain/Officer in Charge and the Brigade Secretary. Where the claim is in the name of the Brigade Captain or Secretary another Officer of the brigade will be required to verify and sign the application.

Verified applications along with all supporting documentation are to be forwarded to the Fund Secretary by the Brigade Secretary. Where the claim is in the name of the Brigade Secretary another Officer of the brigade may submit the application on the Brigade Secretaries behalf.

The Fund Secretary will review the application and, if required, may seek from the Brigade Captain/OIC and/or Brigade Secretary further clarification and/or information in regards to the claim to assist the Committee in its deliberations.

The Fund Secretary will on-forward the fully completed application with all supporting documentation to the Welfare Fund Committee of Management for due consideration.

The Committee considers all applications to determine whether the application fits the purposes of the Fund. It reserves its discretion to decline to grant payment. It is the policy of the Fund not to provide reasons for declining an application.

The Committee may from time to time modify the procedure that it requests applicants to follow when making applications.

If personal information relates to another person it must only be provided if the consent of that person has been obtained.

If supplied documents are to be returned, please include a self-addressed envelope for return of the items.

**WESTERN AUSTRALIAN VOLUNTEER FIRE AND RESCUE SERVICES ASSOCIATION  
(WAVFRSA) WELFARE FUND**

– Application –

**PART TWO**

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Name (applicant):

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Address:

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Town: Postcode:

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Phone: Mobile:

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Email:

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Dependant Details (Incl. Name, Age and Relationship):

- 1.
- 2.
- 3.
- 4.

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Date of Birth:

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Brigade: FESA ID#:

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**REASON FOR APPLICATION**

Please specify the type of support you are seeking from the WAVFRSA Welfare Fund.

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Amount of funding sought (maximum \$5,000): \$ \_\_\_\_\_

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How will these funds be used?

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Employment Details:

Applicant:

Partner:

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**WESTERN AUSTRALIAN VOLUNTEER FIRE AND RESCUE SERVICES ASSOCIATION  
(WAVFRSA) WELFARE FUND**

– Application –

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**Monthly Budget Calculator** – Using "Part 3 -Personal Budget Calculator" to assist please complete the following. The provision of this information will assist in supporting the claim.

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Total Monthly Income	\$	Total Assets	\$
Total Monthly Expenses	\$	Total Liabilities	\$
Income less Expenses (Monthly)	\$	Net Assets less Liabilities	\$

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**Grant Application – Checklist and Declaration**

- A one-page letter describing the reason why funds are being sought ATTACHED
- Confirmation of income details (eg pay slip, pension statement) ATTACHED
- Will the Claimants Brigade be providing additional support Yes  No
- If Yes please provide details \$ \_\_\_\_\_
  - Other Support (please detail)
- 

Other Supporting documentation:

- Medical Certificates ATTACHED  N/A
  - Bank Statements ATTACHED  N/A
  - Witness reports ATTACHED  N/A
  - Other (Please itemise):
- 1.
  - 2.
  - 3.
- 

\*Consent of other persons identified obtained ATTACHED  N/A

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Captain/OIC Comments/Recommendation

Secretary Comments/Recommendation

Verification We hereby verify that to the best of our knowledge and checks on the case history that the above is a true and fair view of the claimant's circumstances.

BRIGADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Captain/OIC \_\_\_\_\_ Signature \_\_\_\_\_ Contact No \_\_\_\_\_  
(Block letters)

Secretary \_\_\_\_\_ Signature \_\_\_\_\_ Contact No \_\_\_\_\_  
(Block letters)

**WESTERN AUSTRALIAN VOLUNTEER FIRE AND RESCUE SERVICES ASSOCIATION  
(WAVFRSA) WELFARE FUND**

– Application –

**Claimant Declaration**

I confirm that the information provided on and/or attached to this application to be true and accurate and that this application for a grant from the Volunteer Welfare has been completed with my full knowledge and consent.

Claimant (Block letters): \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Personal information**

Under the Commonwealth Privacy Act 1988 you are entitled to request access to personal information that you provide to us. Our contact details are set out below.

The information you provide will be used for the purpose of determining the eligibility of the application in accordance with the terms of the Fund.

The information may be provided to members of the Fund Management Committee and/or WAVFRSA Executive. It may also be disclosed to parties who assist in monitoring the provision of The Fund, e.g. auditors, etc. Where a grant from the Fund is made the Applicants Brigade Secretary will be advised of the amount and the identity of the beneficiary.

If we do not receive the information requested, we may be unable to determine the eligibility of the application and therefore be unable to make a grant.

\*We ask that you do not provide personal information relating to another person unless that person has consented to the use of the information for the above purposes and that the person has been made aware of the details provided above. Your confirmation that this has been done is requested above.

Applications (including this application form) to be sent to:

Fund Secretary  
WAVFRSA Welfare Fund  
PO BOX 2417  
High Wycombe WA 6057

OFFICE USE ONLY:

Form received \_\_\_\_\_

Payment of Brigade Affiliation and Fund Contribution checked \_\_\_\_\_

**WESTERN AUSTRALIAN VOLUNTEER FIRE AND RESCUE SERVICES ASSOCIATION  
(WAVFRSA) WELFARE FUND**

– Application –

**PART 3 – PERSONAL BUDGET CALCULATOR**

MONTHLY BUDGET

Name (applicant): \_\_\_\_\_

As at Date: \_\_\_\_\_

Assets	Estimated Value	Monthly Return/Income**	Total Income
Home	\$	\$	\$
Holiday Home	\$	\$	\$
Rental Property	\$	\$	\$
Other Property	\$	\$	\$
Motor Vehicles:			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
Boat	\$	\$	\$
Caravan	\$	\$	\$
Other Plant/Equipment	\$	\$	\$
Furniture	\$	\$	\$
Jewellery	\$	\$	\$
Shares	\$	\$	\$
Managed Investments	\$	\$	\$
Term Deposits	\$	\$	\$
Other Bank Accounts	\$	\$	\$
Other Assets	\$	\$	\$
<b>a. Sub-total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
	<b>Claimant</b>	<b>Partner</b>	<b>Total</b>
Wages (Monthly Gross)	\$	\$	\$
Pensions	\$	\$	\$
Other Benefits	\$	\$	\$
Other Income	\$	\$	\$
<b>b. Sub Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>c. Total Income (a + b)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*\* Monthly Income = Estimated 12 months earnings divided by 12

**WESTERN AUSTRALIAN VOLUNTEER FIRE AND RESCUE SERVICES ASSOCIATION  
(WAVFRSA) WELFARE FUND**

– Application –

Liabilities	Estimated Value	Monthly Repayments	Total Expenses
Mortgages	\$	\$	\$
Investment Loans	\$	\$	\$
Personal Loans	\$	\$	\$
Rent/Board	\$	\$	\$
Building Maint/Repair	\$	\$	\$
Vehicles & Equipment			
• Maint/Repairs	\$	\$	\$
• Fuel	\$	\$	\$
• Registration/License	\$	\$	\$
Insurance			
• Building/Contents	\$	\$	\$
• Vehicles/Equipment	\$	\$	\$
• Medical	\$	\$	\$
• Life	\$	\$	\$
• Other	\$	\$	\$
Utility Costs			
• Water	\$	\$	\$
• Power	\$	\$	\$
• Gas	\$	\$	\$
• Rates	\$	\$	\$
• Other	\$	\$	\$
Communications (Phone, etc)	\$	\$	\$
Investments – Fees	\$	\$	\$
Medical/Dental/Chemist	\$	\$	\$
Education (Fees, Books, etc)	\$	\$	\$
Food/Clothing	\$	\$	\$
Other Household Costs	\$	\$	\$
Sport	\$	\$	\$
Social/Entertainment	\$	\$	\$
Other Expenses	\$	\$	\$
<b>d. Total Liabilities</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Summary**

c. Total Assets	\$	Total Income	\$
d. Total Liabilities	\$	Total Expenses	\$
Net Assets Less Liabilities	\$	Income Less Expenses	\$