



CLAIM FORM – COVID-19 HARDSHIP

EMPLOYEE’S DETAILS

Employee name:
Address:
Mobile:
Email:
BIRST number:
Date employee was stood down:
Provide confirmation of stand down:
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EMPLOYER’S DETAILS

Employer’s name:
Address:

PAYMENT DETAILS

BIRST members with a sufficient balance in their account may apply for up to two payments, each up to \$2,000, with five weeks between payments.

Please indicate which claim this is: FIRST CLAIM SECOND CLAIM

Bank name:

BSB: Account number:

Account name:

Tax File Number:

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**Note: it is not an offence to not provide your Tax File Number but we are obliged to deduct tax at a higher rate if it is not provided.*

DECLARATION

I declare that I have been stood down from work without pay due to COVID-19 and I am not receiving any other forms of payment from my employer or from other agencies in relation to long service leave, annual leave, special leave, or RDOs.
I acknowledge any payment made to me will be an advance on my redundancy entitlements.

SIGNATURE: NAME:

DATE OF SIGNATURE:

ONCE COMPLETED, PLEASE EMAIL, FAX OR POST THIS FORM TO BIRST