



**Travellers Aid-Emergency Relief Application Form**

*This form remains the property of Travellers Aid Australia at all times*

Contact details and information	
Title: Miss    Mr    Mrs    Ms	
First name	
Last Name	
Date of birth	
Home Phone	
Mobile Phone	
Email	
Address	
Suburb	
State/Postcode	
Gender	
Cultural identity: Anglo Australian    Aboriginal    Torres Strait Islander    Both Aboriginal and Torres Strait Islander Other:	
Accommodation type	
Country of Birth	
Language	
Disability	
Type of Income	Concession Card Details
<input type="checkbox"/> No income <input type="checkbox"/> N/A I am under fifteen years old <input type="checkbox"/> Self-employed – own business <input type="checkbox"/> Income from family and friends <input type="checkbox"/> Government payments, pension or allowance <input type="checkbox"/> Salary <input type="checkbox"/> Other:	<input type="checkbox"/> Healthcare Card <input type="checkbox"/> Pension Card
Which service referred you?	
Name of case worker	Phone number

I request assistance with a ticket to \_\_\_\_\_ On (date /time)\_\_\_\_\_

I need to go there because \_\_\_\_\_

I am able to contribute \$ \_\_\_\_\_ towards the cost of the ticket.

Signature: \_\_\_\_\_ Date:        /        /

*Privacy and Travellers Aid – Protecting your privacy is important to us. Our privacy policy supports and endorses the national and state privacy principles. For more information, please refer to our privacy statement.*

Should staff deem it necessary, we may need to contact another agency or person for further assistance with your request. Some of the information you gave us on this form may have to be passed on in this case. You will be informed of this before contact is initiated. Staff will ask for your permission before passing on your information. Please sign below if you give your consent to share your information with another agency or person.

Signature: \_\_\_\_\_ Date:        /        /