

# Protected Action Strike Fund – Application for Financial Assistance Australian Services Union Vic/Tas Authorities and Services Branch

## **IMPORTANT INFORMATION**

*Strike Fund payments are discretionary and only available for protected industrial action authorised under the Fair Work Act 2009 (Cth). Providing false or misleading information may result in refusal or recovery of payments. All information will be handled confidentially.*

## **PART A – MEMBER DETAILS**

Full name:	
ASU membership number:	
Phone number:	
Email address:	
Residential postcode:	

## **PART B – EMPLOYMENT DETAILS**

Employer name:	
Workplace / department:	
Position / classification:	
Enterprise Agreement / campaign:	

## **PART C – PROTECTED INDUSTRIAL ACTION**

Type of action (full / partial / other):	
Dates of protected action (attach further information if required):	

**PART D – LOSS OF INCOME**

Were wages deducted? (Yes / No):	
Amount deducted (if known):	
Evidence provided (tick all that apply):  *The Strike Fund Subcommittee may request additional evidence.	<input type="checkbox"/> Payslip showing deduction <input type="checkbox"/> Employer correspondence <input type="checkbox"/> Statutory declaration <input type="checkbox"/> Other (specify): _____

**PART E – PAYMENT DETAILS**

Account name:	
BSB:	
Account number:	

**PART F – HARDSHIP OR EXCEPTIONAL CIRCUMSTANCES (OPTIONAL)**

*You may complete this section if you would like the SFSC to consider financial hardship, exceptional circumstances or priority assistance. Please attach additional pages if necessary.*

Brief description of circumstances:

## **PART G – DECLARATION**

**I declare that :**

- I am a financial member of the ASU Vic/Tas Authorities and Services Branch
- I participated in protected industrial action authorised by the Branch.
- I suffered a loss of income or financial hardship as a direct result of that action.
- The information provided in this application is true and correct.
- I understand that Strike Fund payments are discretionary, not wages, and may be reviewed or withdrawn if eligibility changes.

Member name:	
Member signature:	
Date:	

## **PART H – OFFICE USE ONLY**

Date application received:	
Verified protected industrial action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sufficient evidence attached?	
If no, what is still required?	
Date member was notified of additional information required?	
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Partially approved <input type="checkbox"/> Declined
Amount approved:	
Authorised by:	
Date of decision:	

Please return this form to [compliance@asuvictas.com.au](mailto:compliance@asuvictas.com.au)