The Fairfax Foundation
ABN 23 320 138 064
Level 9, 1 Denison Street, North Sydney NSW 2060
Telephone: (02) 8596-4320

Application for $1,000 Disaster Assistance Grant

Completing this application form:

A. Current and former Eligible Company employees and former employees are encouraged to apply directly to the Foundation. 'Eligible Company' means Fairfax Media Publications and any related body corporate.

B. Completed application forms and supporting documentation should be emailed to **abby.gray@fairfaxfoundation.com.au**

C. The information you provide to the Foundation will be used solely by the Foundation to assess your application for assistance. Please refer to the Privacy Policy on our website.

General Information

1. Surname: _____

2. Given Name: _____

3. Address: _____
Number Street

_____
Suburb State Post Code

4. Postal Address: _____
(If Different)

_____
Suburb State Post Code

5. Telephone No. _____

Employment Information

6. Are you a current or former employee?

☐ Current ☐ Former

7. Please provide the following details:

Company: _____

☐ Full Time ☐ Part Time ☐ Casual

Date employment started: ____/____/____

Date employment ended: ____/____/____

Details of request

8. Please tell us how you are affected

Attach any relevant documentation to support your application.

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9. Have you been evacuated from your home?

☐ Yes ☐ No

10. Has your home or other property been damaged?

☐ Yes ☐ No

You may be able to apply for further assistance if you have costs not covered by insurance, government grants, etc.

Please ensure that you have answered all of the questions and that you have signed and dated below. In signing this application you warrant that the information you have provided is correct and that all information relevant to the assessment of your application has been disclosed.

Signature of Applicant _____

Date ____/____/____.