

Which Scheme/Industry? (Please (✓) tick one box) Construction Cleaning Community Security

Photo I.D Required
(Copy of Driver's Licence,
Proof of Age Card or Passport)

Personal Details

Registration No: _____

Date of Birth: ____/____/____

Employee Surname _____

Given Names _____

This is the address
your payment
will be posted to

Street _____

Email Address _____

Suburb _____

State _____

Post Code _____

Type of work performed _____

Mobile Phone No (Contact Phone No). _____

Interstate Service

If you are registered and have service recorded in an interstate portable long service leave scheme you may add this service to your ACT payment.

State _____ Registration No. (if known) _____

State _____ Registration No. (if known) _____

Workers' Compensation

Have you been on workers' compensation for over 6 months since 1 October 1981?

Yes / No (Circle) If yes, for what period? ____/____/____ to ____/____/____

Tax File Number

Your Tax File Number _____

The Authority is required to deduct tax from your payment. You have no legal obligation to quote a tax file number. However, if you do not provide a tax file number tax will be deducted from your payment at the highest rate. A PAYG Payment Summary will be provided by the Authority.

Details about your Last employer

Who was your last employer in the **relevant** industry in the ACT?

Employers Name _____

Date you finished: ____/____/____

* Were you made redundant from your last employer? Yes No

* Have you been paid any long service leave directly by your past employer? Yes No

✓ I acknowledge that I have read the privacy information on the back of this claim form.

Employee Signature

Signature to claim **(Photo I.D. attached/enclosed)** (Tick Yes)

Date: ____/____/____

Certification by Medical Practitioner

Note: To be eligible to claim on the basis of total incapacity the applicant must have an illness or injury that permanently prevents him/her from continuing work in the relevant industry.

(To be completed by a Medical Practitioner)

Applicant's Surname _____

Given Names _____

State the nature of illness or injury _____

(a) Can the patient do his or her usual type of work? Yes No

(b) Will the patient be able to return to work in the relevant industry? Yes No

I examined the above patient on ____/____/____ and in my opinion this person has been unable to work in the relevant industry since ____/____/____.

Medical Practitioners Signature _____

Date: ____/____/____

Name (Please print): _____

Qualifications: _____

Surgery Address: _____

Phone No: _____

Street Address:

Trevor Pearcey House
Unit 1, 28 Thynne Street, BRUCE ACT 2617

Postal Address:

Reply Paid 234
CIVIC SQUARE ACT 2608
Email: enquiry@actleave.act.gov.au

Office Hours 8.30am to 4.30pm

Freecall 1800 655 060
Phone (02) 6247 3900
Fax (02) 6257 5058

LONG SERVICE LEAVE AUTHORITY

Payment Details Please indicate how you would like to receive your payment. Please (✓) tick one box.

By Cheque (Mailed) Cheque (Collect) Direct Credit (Please complete below account details)

Account Details Payments will be directly deposited into your **personal** account (joint accounts are acceptable), not into business or credit card accounts.

Bank	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch (Where Bank Account was opened)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BSB Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your account name/s	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check your BSB and account number with your bank, credit union or building society.
(The number on your plastic access card is not your Account number or BSB number)

Note – the Long Service Leave Authority will not accept liability for funds deposited into the wrong account due to an error in the BSB or Bank Account number provided.

Employee's privacy

The Long Service Leave Authority (the 'Authority', 'we', 'our' and 'us') is collecting personal and other information in this form to process the employee's claim for payment of portable long service leave entitlements in accordance with either Schedule 1 section 1.9, Schedule 2 section 2.9, Schedule 3 section 3.10 & Schedule 4 section 4.10 of the *Long Service Leave (Portable Schemes) Act 2009* (ACT) (the 'Act'). We collect, use, disclose and manage personal information in accordance with the Territory Privacy Principles under the *Information Privacy Act 2014* (ACT).

The Authority may also collect your personal information: from reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes), such as if you apply to the Authority for payment of a long service leave entitlement under a corresponding law in another State or Territory.

The Authority will use your personal and other information to: process your application for payment of long service leave entitlements; maintain and update your details in the applicable workers register(s); otherwise administer the portable long service leave scheme(s) applicable to you; administer the Authority's general business requirements; meet our legal and regulatory obligations, including as a Territory Authority; undertake surveys, monitoring, analysis and evaluation of the portable long service leave schemes and the Authority's performance of its functions and activities; communicate with you; respond to enquiries and feedback; and provide you with information about our activities, events, news and publications.

Without your personal information, we will be unable to process your application for payment of long service leave entitlements.

The Authority may disclose your personal information to: our contracted service providers, (e.g. information communications and technology providers who help us to manage our databases and other information technology needs; auditors; actuaries; and for surveys, monitoring, analysis and evaluation purposes); reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes); your authorised representative; our external advisers; and as otherwise authorised or required by law (e.g. when we remit tax on leave payments to the Australian Tax Office).

Our privacy policy (available at <http://www.actleave.act.gov.au/privacy-policy.html>) contains further information about how you can access and correct your personal information, how you can complain about a breach of your privacy, as well as further information about how we will manage your personal information.