



#### 4. Supporting Information

If you have exhausted all your leave, have you applied to SAPOL's Leave Bank? YES or NO. If yes, did you receive assistance? If no, do you intend to? \_\_\_\_\_

Have you applied for assistance from SAPOL's Sick and Accident Fund? YES or NO. If yes, did you receive assistance? If no, do you intend to? \_\_\_\_\_

Have you applied for assistance from the Police Health/PASA Benevolent Trust Fund? YES or NO. If yes, did you receive assistance? If no, do you intend to? \_\_\_\_\_

Do you have any other sources of income? eg, spouse/partner's income, superannuation, Workcover, income protection insurance, Centrelink, fundraising, charitable contributions? If yes, please specify source and amount: \_\_\_\_\_

Details of any other financial support received, eg, loan from family or friends: \_\_\_\_\_

Has there been a financial impact of the serious illness/injury? YES or NO

Total expenses relating to the serious illness/injury (please attach receipts): \_\_\_\_\_

Total out-of-pocket expenses, ie, gap payments you have made for private health fund, Medicare, income protection insurance, etc, (include receipts): \_\_\_\_\_

**Amount of financial assistance requested from SA Police Legacy:** \_\_\_\_\_

Please outline the impact on your life and on that of your family due to the serious illness/injury, eg, financial, social, emotional, psychological stresses (use additional paper if required): \_\_\_\_\_

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## 5. Applicant Bank Details

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Bank / Credit Union: \_\_\_\_\_

## 6. Disclaimer by Applicant

\*For Young Legatees under 18 years this section must be completed by the Parent/Guardian.

I declare that the information provided on this form is true, accurate and complete

Name: \_\_\_\_\_

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

**Completed application form is to be returned via email to Liaison Officer, Members & Young Legatees**

Email: [info@policelegacysa.org.au](mailto:info@policelegacysa.org.au)

## Treasurer's Use Only

Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method: \_\_\_\_\_