CHILD CARE APPLICATION FORM

PLEASE COMPLETE THIS FORM IN FULL AND RETURN TO:

BERT Pty Ltd

PO Box 805 Level 1, 35 Astor Terrace, Spring Hill QLD 4004

Phone: 1300 261 114

IMPORTANT: Every questions must be answered fully. Incomplete answers and vague information will delay processing of your claim. If space

is insufficient to provide information, please attach additional sheets.

Your claim cannot be processed until all sections of the form is completed in FULL

INSTRUCTIONS

- This form is to be completed once a family funeral benefit has been paid and accepted.
 Attach all relevant documents to Form i.e. child(ren) birth certificates,
- Medicare card, marriage certificate and any other related documents.
- 3. If you need help completing this form, please call our office for assistance.







OFFICE USE ONLY CLAIM NUMBER

		David	iwi i		
SECTION A – MEMBER DETAIL	_S	BLF 🧸 (CFMEU 🥳 CEPU	Member No.	
Surname (If you have recently changed your suman	ne, please forward evidence	of that change i.e. cert	ified copy of your Marriage Cert	ificate)	Mr Ms Miss Mrs
					X X X X
Given names				Da	ate of birth
				D	D M M Y Y Y Y
Street address					
Suburb				St	ate Postcode
Phone (Home)	Work	<		Mobile	
Email address (optional)					
Relationship to deceased partner	Wife 🔏 Hust	oand 🔀	Defacto 🔀		
FOLLOWING DOCUMENTATION WILL B	E REOUIRED:				
Wife or husband: copy of marriage ce					hans south a supplied
Defacto: proof that you have been living					
SECTION B – DEPENDANT CH	ILDREN (List children	n between the ages of	0 - 13 only and attach a copy of	birth certificate for each child a	and copy of Medicare card)
FIRST CHILD: Surname					
FIRST CHILD: Given names				Da	ate of birth
				D	DMMYYYY
FIRST CHILD: DETAILS OF SCHOOL WI	JEDE (BEEODE AND	AETER SCHOOL	CARE IS LITH ISED OF	CHILD CARE CENTE	E
Name of Centre	TENE BEFORE AND	AFTER SCHOOL	L CARE IS OTILISED OF	A CHILD CARE CENT	
Address				Stat	e Postcode
Phone	Email address (d	notional)			
Contact person					
			TITIT		
SECOND CHILD: Surname					
SECOND CHILD: Given names				Da	ite of birth
		TIT	TITII	1 0	
SECOND CHILD: DETAILS OF SCHOOL Name of Centre	WHERE 'BEFORE A	ND AFTER SCH	DOL' CARE IS UTILISED	OR CHILD CARE CEN	NTRE
Name of Centre					
					De la
Address				Stat	e Postcode
Phone	Email address (or	otional)			
Contact person					

SECTION B – CONTINUED	
THIRD CHILD: Surname	
THIRD CHILD: Given names	Date of birth
	D D M M Y Y Y
THIRD CHILD: DETAILS OF SCHOOL WHERE 'BEFORE AND AFTER SCHOOL' CARE IS UTIL	LISED OR CHILD CARE CENTRE
Name of Centre	
Address	State Postcode
Phone Email address (optional)	
Contest payon	
Contact person	
FORTH CHILD: Surname	
FORTHCHILD: Given names	Date of birth
	D D M M Y Y Y
FORTH CHILD: DETAILS OF SCHOOL WHERE 'BEFORE AND AFTER SCHOOL' CARE IS UTI	ILISED OR CHILD CARE CENTRE
Name of Centre	
Address	State Postcode
Phone Email address (optional)	
Contact person	
SECTION C — EMPLOYMENT DETAILS (Please attach copy of pay slip)	
Name of Company/trading name	
Treatile of Company/Italing Harrie	
Address	
Suburb	State Postcode
Phone (Home) Work	Mobile
Contact person	
Position	Date commenced employment
	D D M M X Y Y Y
Are you still employed? Yes 🐰 No 🐰	you ceased employment?
SECTION D – DECLARATION AND AUTHORISATION	
SECTION D = DECLARATION AND AUTHORISATION	
CESTION DECEMBRISH AND MOTHER HON	
	a the ine the Oakard or Ok'ld Oars Oakard kink or ak'ldar
I, (PRINT NAME) hereby	authorise the School or Child Care Centre which my children
I, (PRINT NAME) attend to furnish BERT with information in respect to my children's School or Child Care he/she	e attends.
I, (PRINT NAME) hereby	e attends. lare that the Information I have provided on this form is
hereby attend to furnish BERT with information in respect to my children's School or Child Care he/she also agree for BERT to supply details of my employer payments to assist with this claim. I decl	e attends. lare that the Information I have provided on this form is
attend to furnish BERT with information in respect to my children's School or Child Care he/she I also agree for BERT to supply details of my employer payments to assist with this claim. I decit to be the best of my knowledge and belief, true in every respect. I understand that supplying facompensation being fortified.	e attends. lare that the Information I have provided on this form is
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