

Please complete this form where an extended housing benefit location has been approved and where approval is sought to partake in the Flexible Housing Trial. Reference PACMAN 7.1.15.

Privacy – Collection, storage and use or disclosure of personal information is subject to the Australian Privacy Principles set out in Schedule 1 of the *Privacy Act 1988* (Privacy Act).

Defence Housing Australia (DHA) will collect, store, use and disclose the personal information you provide about yourself and your recognised family including recognised other persons if applicable, including sensitive personal information where relevant to your housing needs to:

- arrange suitable housing and related services in accordance with Defence policy
- provide Defence members with access to HomeFind and Online Services.

DHA usually gives some or all of the information to the Department of Defence for the purpose of administering Defence member housing entitlements. Defence is not permitted to use or disclose your personal information, without your consent, for a purpose other than which the information was given to them, unless permitted under the Privacy Act.

Your personal information may also be used and disclosed for other purposes in accordance with the Privacy Act. It is your responsibility to read the following detailed information before proceeding:

- *DHA privacy collection notice* – <https://www.dha.gov.au/docs/default-source/privacy/collection-notice---defence-member-and-dependents.pdf>
- *Privacy Policy* – <https://www.dha.gov.au/policies/privacy>

Member details

Employee ID	<input type="text"/>	Rank	<input type="text"/>
Given name(s)	<input type="text"/>		
Family name	<input type="text"/>		
	Navy <input type="checkbox"/>	Army <input type="checkbox"/>	Air Force <input type="checkbox"/>
Preferred email	<input type="text"/>		
Preferred phone	<input type="text"/>		

CO briefing information

Current residential address	<input type="text"/>		
	<input type="text"/>		
	Suburb	State	Postcode
Requested residential address (if known)	<input type="text"/>		
	<input type="text"/>		
	Suburb	State	Postcode
Distance from service location	<input type="text"/>	kms	
Travel time from service location	<input type="text"/>	hr	min
Travel time via public transport	<input type="text"/>	hr	min

Application justification

Partner employment details	Name of employer	<input type="text"/>
	Type of employment	<input type="text"/>
	Employment location	<input type="text"/>
Partner study details	Name of institution	<input type="text"/>
	Study location	<input type="text"/>
	Hours of study per week	<input type="text"/>

Families with special needs details	Name of resident family or recognised other person	<input type="text"/>
	Special needs recognition date	<input type="text"/>
	Professional services	<input type="text"/>

Details of resident family and/or recognised other person already enrolled in an educational institution	Name of resident family or recognised other person	<input type="text"/>		
	Schooling type	Early childcare	<input type="checkbox"/>	
		Pre-school	<input type="checkbox"/>	
		Primary school	<input type="checkbox"/>	
		Secondary school	<input type="checkbox"/>	
		Other	<input type="checkbox"/>	Please specify <input type="text"/>
School location	<input type="text"/>			

Supporting documentation check

Have you included the following supporting documentation with this application?

Original approval to live in extended housing benefit location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Partner's employment or study evidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Special needs approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
School evidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>

Member's acknowledgements and declaration

I acknowledge/declare that:

- I must continue to commute to my normal place of duty.
- my daily attendance must not be affected by the additional travel.
- I am aware that the giving of false or misleading information, documents or statements to the DHA is a serious offence under the *Commonwealth's Criminal Code 1995* and the *Defence Force Discipline Act 1982* and that this legislation imposes substantial penalties, including imprisonment, for committing these offences. Any entitlement provided to me as a result of such conduct may be recovered.

I confirm that:

- I have read the *DHA privacy collection notice* and consent to the collection, storage, use and disclosure of my personal information and sensitive information contained in this form and any supporting documents I provide for the purposes set out in the privacy notice.
- I have obtained consent from my recognised family, including recognised other persons if applicable, and/or have legal authority, to provide their personal information to DHA.

I understand that:

- it is my responsibility to update my personal information and the personal information of my recognised family, including recognised other persons if applicable, if contact details or circumstances change by using self-service in Online Services or contacting DHA by phone or email.
- I may appoint an agent in Online Services to act on my behalf and that in doing so, my authorised agent will have access to personal information held about me in Online Services or DHA's other IT systems.

I acknowledge that:

- it is DHA's usual practice to give some or all of my personal information and sensitive information (including relocation details) to the agencies and organisations identified in the *DHA privacy collection notice*.

Member's signature

Date

Commanding Officer's approval

I am satisfied that:

- This member must continue to commute to their service location.
- This member's daily attendance will not be affected by the additional travel.
- This member qualifies for the Flexible Housing Trial.

I extend the member's housing benefit location to **one** of the following:

a) to live in the town/suburb of

b) to live no further than

kms

from


c) to live between

and

Commanding Officer's name

Unit

Commanding Officer's signature



Return this form and any supporting documents by submitting and tracking an **online** enquiry via your Online Services account at <https://online.dha.gov.au/>