

PFAN Client application form



Pro Bono Financial
Advice Network

Application for pro bono assistance

Thank you for contacting the Pro Bono Financial Advice Network (PFAN) for assistance. Please complete this form and send a signed copy to support@probonoadvice.com.au.

We will be in touch shortly once we have assessed your application following our guidelines, as outlined in our client information document. We will be in touch with you shortly to confirm the outcome of our assessment or ask for further information from you. Please note that PFAN can take a minimum of 10 working days to process your application.

If you are unable to complete this form, please send an email with your contact details to support@probonoadvice.com.au and a team member will be in touch with you to complete this application form.

SECTION 1: Personal Details

Your Details

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>		
Address:	<input type="text"/>	Post code:	<input type="text"/>
Home Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		
Marital Status:	<input type="text"/>		

Partner's Details (if applicable)

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>		
Address:	<input type="text"/>		
Home Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

Making contact with you

Who should we make first contact with? E.g. you, your partner, a third party (please provide details below).

What is the best way of making this contact – email, phone, text message or mail?

If by phone, what is the best time and day for you?

How did you find us?

SECTION 2: Third Party contact details

Would you like us to contact another person to assist with arranging an appointment?
E.g. parent, relative, support or social worker.

YES NO

Please provide their details below:

Relationship to You:

First Name:

Last Name:

Address:

Home Phone:

Mobile:

Email:

Do you give permission for this person to speak with your PFAN adviser about your specific situation?

YES NO

Do you give permission for the person to represent your interests and make decisions about them with your PFAN adviser on your behalf?

YES NO

If yes, please note you may be required to provide supporting legal documentation to your PFAN adviser.

SECTION 3: What are you seeking advice on?

This will assist us in selecting the most appropriate PFAN adviser based on their expertise and experience.

Insurance claims (such as income protection and total permanent disability)

Centrelink entitlements

Cash flow and household expenses/budgeting advice

Retirement planning

Superannuation

Investment advice

Debt management

Aged care

Bankruptcy

NDIS Assistance

Other (please specify)

SECTION 4: About your situation

Please provide some information regarding your situation that could assist us in matching you with the most appropriate PFAN adviser for your situation.

Your income

Are you still employed/working? YES NO

If YES, approximately:

How many hours per week?

What is your employment income per month?

If NO, when did you last work?

Do you currently receive any Centrelink benefits? YES NO

If YES, which benefit? (eg Disability Support Pension, Family Tax Benefit, Age Pension etc)

If NO, have you previously applied or are you considering applying for any benefit? YES NO

Do you have any other sources of income? Please provide details.

Partner's income (if applicable)

Does your partner/spouse receive an income via employment? YES NO

If YES, approximately:

How many hours per week?

What is their employment income per month?

Do they receive any Centrelink benefits? YES NO

If YES, which benefit? (eg Disability Support Pension, Family Tax Benefit, Age Pension etc)

If NO, have they previously applied or are they considering applying for any benefit? YES NO

Do they have any other sources of income? Please provide details

What is your home ownership status?

Homeowner – debt free

Homeowner – Mortgage:

Balance owing:

Renting

Non-homeowner living rent free

What are your other financial assets (other than your home)?

Bank accounts/savings (estimated)

Other property

Shares/Managed Funds (not in superannuation)

Superannuation – you

Superannuation – your partner

Other (please specify)

What are your liabilities?

Investment loan/mortgage

Car loan

HECS

Other (please specify)

Your insurances

Do you have any of the following insurance policies?

Life – please provide approximate value

Total Permanent Disability (TPD) – please provide approximate value

Trauma – please provide approximate value

Income protection – please provide approximate value

Have you tried to claim on any of this insurance? YES NO

If YES, was your claim successful? YES NO

Please provide details

SECTION 5: Delcaration

By signing this form you acknowledge:

- All the personal and other information you provide to us will be confidential. By engaging us, you consent to the collection, use, disclosure and retention of your personal information in line with PFAN's Privacy Policy, available on www.probonoadvice.com.au. You can contact us if you would like to access or update any personal information we hold about you.
- I/We have no right of action against the Pro Bono Financial Advice Network in any event arising from this application or any assistance obtained from a financial adviser referred by PFAN.

Name of Applicant:

Signature:

DD MM YY

and/or third party declaration

Name of Third Party:

Signature:

DD MM YY

Please send this completed form to: support@probonoadvice.com.au.