



Pharmacists' Support Service Inc.

ABN: 15 814 376 015
Registration no: A0054169K

Pharmacists' Support Service –Flood Relief Assistance Application Form (claims accepted until 30 June 2011)

1. Personal details

Name

Home Address

Business Address (if relevant to claim)

Contact Details

Phone

Mobile

Email

AHPRA registration number:

2. Bank details (for disbursement of funds)

BSB

Account

Account Name

Bank/Branch

3. Claim Criteria

The following assistance may be provided to pharmacists who have been affected by:

- 3.1 **Inundation above the floor** in the living area of an owner occupied dwelling or pharmacy business – up to max **\$2,000** per event
- 3.2 **Substantial loss caused by flooding** in a premise where you are the tenant (including living with your family) that was inundated –up to max **\$1,000**
- 3.3 **Pharmacists who have been employed in an inundated pharmacy** that have been unable to obtain subsequent employment or have had a significant loss of income as a result – up to max **\$1,000**

4. Claim Declaration (please provide any extra information regarding your claim on the reverse side of this form)

I declare that I have been adversely affected by flooding to the following extent:-

Please circle each event for which you are submitting a claim

4.1 My owner occupied dwelling was inundated above the floor in the living area

Yes No

4.2 I am the owner of a pharmacy that was inundated by flooding

Yes No

If more than one pharmacy was inundated, please provide details of each pharmacy below or on the reverse side.

4.3 I am the tenant of a dwelling that was inundated and has caused substantial personal loss to my property

Yes No

4.4 The pharmacy in which I was employed was inundated and I have been unable to obtain subsequent employment as a pharmacist or I have had a significant loss of income

Yes No

Any additional information to support your claim:

Declaration

Signature.....

Name (please print).....

Date.....