

APPLICATION FOR MBAQ FINANCIAL ASSISTANCE FORM

PLEASE NOTE: Along with this Application Form, please send to MBAQ:

1. Cover letter explaining the reason for application and the amount of financial support required.
2. Photo ID – either Drivers Licence or Passport to confirm identity
3. AHPRA registration number
4. Name and contact details of AT LEAST ONE referee that can verify your request for financial assistance.

Send to MBAQ, PO BOX 123, RED HILL QLD 4059 OR email: mbaq@amaq.com.au

Name:			
Address:			
Date of birth: / /		Occupation:	
Telephone	(m):	(w):	(h):
EMAIL address:			
FAMILY / Number of Dependents :			
Income per FORTNIGHT:			
	Self		Partner
Salary after tax:	\$		\$
Social security:	\$		\$
Family allowance:	\$		\$
Maintenance:	\$		\$
Interest:	\$		\$
Other sources: (please specify)	\$		\$
Expenditure per FORTNIGHT:			
	Self		Partner
Mortgage payments:	\$		\$
Rent:	\$		\$
Body Corporate Fees:	\$		\$
Rates:	\$		\$
Electricity/gas:	\$		\$
Water:	\$		\$
Telephone/Landline:	\$		\$
Internet:	\$		\$
Mobile:	\$		\$
Health Fund:	\$		\$
Home & contents insurance:	\$		\$
Medical Insurance:	\$		\$

Expenditure per FORTNIGHT continued:		
	Self	Partner
Income protection insurance:	\$	\$
Life Insurance:	\$	\$
Car Insurance:	\$	\$
Car Registration:	\$	\$
Car running costs:	\$	\$
School Fees:	\$	\$
Higher education fees:	\$	\$
Membership fees: (please specify)	\$	\$
Other expenses:	\$	\$
Assets (estimated value) TOTAL		
	Self	Partner
Property	\$	\$
Shares	\$	\$
Bank Accounts	\$	\$
Motor Vehicles	\$	\$
Other vehicles	\$	\$
Other insurance policies:	\$	\$
Home contents:	\$	\$
Other assets: (please specify)		
Eg Superannuation		
Liabilities TOTAL		
	Self	Partner
Home mortgage:	\$	\$
Credit card debt:	\$	\$
Other liabilities: (please specify)		
Financial Advice		
Have you sought the assistance of a financial advisor? Yes / No		
If no, would you be interested in MBAQ arranging financial advice? Yes / No		
Name (including phone, email) of a REFEREE:		
Signed:		Date: