



FALLEN RANGER FUND APPLICATION FOR ASSISTANCE

APPLICANT INFORMATION

1. Date of application: _____

2. Name of person completing the application:

3. Name of organisation and/or IRF member association that person completing the form is associated with:

4. Contact phone number of person completing the application:

5. Email address of person completing the application:

RANGER AND INCIDENT INFORMATION

6. Name of deceased or seriously injured Ranger:

7. Deceased or seriously injured Ranger's job title and employer:

8. Contact details for employer:
Name of Senior Manager/ Director:

Phone:

Email:

info@thingreenline.org.au

9. Deceased/ injured Ranger's average yearly wage in US Dollars: *(Please attach a payslip or written confirmation from the organisation outlining average yearly wage)*

10. How many years was the deceased/ injured Ranger employed as a Ranger?

11. Please describe the general duties of the deceased/ injured Ranger:

12. Date Ranger was killed or injured:

13. Was the Ranger on duty when the incident occurred?

YES NO

14. Location of incident (area/park, state/province and country):

15. How was the Ranger killed or seriously injured?
(Please include detailed description of the incident)

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18. Relationship of recipient to deceased Ranger:

19. Recipient's physical address (residential or street address):

20. Contact number of recipient:

21. Email address of recipient:

22. Number of children directly related to the deceased in recipient family:

No. of girls in family? _____

No. of these girls of school age? _____

No. of boys in family? _____

No. of these boys of school age? _____

23. Number and gender of other dependents in recipient family: (Please state how they are related e.g. children of relatives in the care of the family, elderly parents etc.)

24. How will the funds be used?

Please read application guidelines for description of how funds may be used

Education support:

Please describe purpose and for how many dependents?

16. If the Ranger has been seriously injured, then please include a detailed description, diagnosis and prognosis of any injury sustained:

17. Name of recipient:

INFORMATION ABOUT RECIPIENT OF FUND

Please read guidelines for description of who may receive funding

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Housing, property or asset:

Please describe purpose and who would hold the title or registration?

Livelihood or Business enterprise:

Please describe the nature of the livelihood or business

What other skills and/or training might be required to ensure the livelihood/business is successful?

I will provide a photo of the recipient of funds with the asset/property/livelihood means/educations supplies etc. that the funds purchased and agree to the use of it publicly.

CHECKLIST OF HIGHLY RECOMMENDED DOCUMENTS

Please check all documents are included with the application form

DECEASED RANGER:

- Legal document stating the cause and date of death (e.g. Death certificate, official letter from employer etc).
 - Legal document linking recipient of fund and Ranger prior to incident (e.g. Marriage certificate, statutory declaration, birth certificate etc).
 - Copy of ID for recipient of fund (photo ID is preferred)
 - Proof of employment as a Ranger at the time of death (e.g. Payslip, employment contract, official letter from employer etc).
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INJURED RANGER:

- Medical report outlining the injuries of the Ranger.
- Proof of employment as a Ranger at the time of injury (e.g. Payslip, employment contract, official letter from employer etc).
- Copy of Ranger's ID.

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BANK DETAILS FOR RECIPIENT OF FUND

For transparency reasons, TTGLF prefers to disburse funds by bank transfer directly to the recipient and not via any third party.

If there are any problems with this, then please advise us of reasons in writing.

All bank information will be kept confidential.

25) Bank Information

Bank Name:

Bank physical/street address:

Account holder's name as stated on the account:

Account Number:

BSB, Branch or Sort Code:

Bank SWIFT or BIC Code:

26) Is the bank account linked to the physical street address of the recipient?

Yes

No

If no, then please explain which address it is linked to?

Is the above bank account active and currently being used?

Yes

No

OFFICE USE ONLY

RELATIONSHIP VERIFIED BY:

TTGLF:

IRF:

Other:

APPROVAL:

Name of person approving award of fund:

Signature:

Date:

TRANSFER OF FUNDS:

Date payment made:

Method of payment: