Application for Relocation

Toll Transitions requests you to complete this form before relocation.

Collection, storage and use or disclosure of personal information is subject to the Information Privacy Principles set out in section 14 of the Privacy Act 1988.

Toll Transitions will collect and use or disclose the information you provide to arrange any of the following services which you may require:

- removal and storage of furniture and effects,
- temporary accommodation,
- travel arrangements,
- calculation of allowances,
- relocation support for you and your family.

Toll Transitions usually gives some or all of the information (including your relocation details) to the Department of Defence and to contractors involved in relocation services. These agencies and organisations are not permitted to use or disclose your personal information, without your consent, for a purpose other than the purpose for which the information was given to them.

Your personal information may also be given to your spouse or interdependent partner or to other organisations on a need to know basis for reasons such as law enforcement or in connection with legal proceedings.

These organisations include:

- Centrelink,
- Australian Taxation Office,
- Commonwealth or State Departments/Agencies where there is an obligation to provide it,
- Department of Families, Community Services and Indigenous Affairs,
- Law enforcement agencies including the police.

Please answer all relevant questions. This will enable Toll Transitions to process this application on time to meet your relocation requirement. Please call your local Toll Transitions Relocation Service Centre if you require assistance with this form. Attach/provide all requested documents to assist the approval process. A Document Checklist is provided with this pack.

Part A – Personal details – All questions must be completed
Part B – New Unit/Base and relocation details – Please complete relevant questions.
Part C – Housing considerations – Please complete relevant questions.
Part D – Other considerations – Please complete, if applicable.
Part E – Travel details – Please complete relevant questions.
Part F – Furniture and effects – Please complete relevant questions.
Part G – Temporary accommodation – Please complete, if applicable.
Part H – Declaration – To be completed by all members
Part I – Discharge Declaration – To be completed by all members discharging from the ADF.

Returning the Application for Relocation

Return the completed Application for Relocation in the reply paid envelope provided, or return the completed form by fax to your local Toll Transitions Relocation Service Centre. Alternatively you may complete the AFR online at www.tolltransitions.com.au/defence

Keep a photocopy of the completed form for your records.
# Forms for relocation checklist

<table>
<thead>
<tr>
<th>Reason</th>
<th>Additional forms required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posting</td>
<td>Posting Order</td>
</tr>
<tr>
<td>Discharge</td>
<td>Discharge Authority</td>
</tr>
<tr>
<td>Deferment of Removal Request</td>
<td>Deferment of Removal Request</td>
</tr>
<tr>
<td>Notice of Intent of Marriage</td>
<td>Notice of Intent of Marriage</td>
</tr>
<tr>
<td>Approval of interdependent partnership from Unit/Co</td>
<td>Approval of interdependent partnership from Unit/Co</td>
</tr>
<tr>
<td>Marriage Certificate</td>
<td>Marriage Certificate</td>
</tr>
<tr>
<td>Approval letter from the Director General of the Defence Community Organisation</td>
<td>Approval letter from the Director General of the Defence Community Organisation</td>
</tr>
<tr>
<td>Request from member to Defence Housing Australia</td>
<td>Request from member to Defence Housing Australia</td>
</tr>
<tr>
<td>Approval from Defence Housing Australia</td>
<td>Approval from Defence Housing Australia</td>
</tr>
<tr>
<td>Request from Defence Housing Australia to Member</td>
<td>Approval from Defence Housing Australia</td>
</tr>
<tr>
<td>Approval from Defence Housing Australia</td>
<td>Approval from Defence Housing Australia</td>
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</tr>
<tr>
<td>Request from member to Defence Housing Australia</td>
<td>Approval from Defence Housing Australia</td>
</tr>
<tr>
<td>Approval for additional dependants from Director of Entitlements</td>
<td>Approval for additional dependants from Director of Entitlements</td>
</tr>
<tr>
<td>House contract</td>
<td>House contract</td>
</tr>
<tr>
<td>Tenure from Defence</td>
<td>Tenure from Defence</td>
</tr>
<tr>
<td>Approval from DHA</td>
<td>Approval from DHA</td>
</tr>
<tr>
<td>Joining Instruction/Posting Order (if requested by Defence Housing Australia)</td>
<td>Joining Instruction/Posting Order (if requested by Defence Housing Australia)</td>
</tr>
<tr>
<td>Unit CO Approval</td>
<td>Unit CO Approval</td>
</tr>
<tr>
<td>Separate form (this is specific to Overseas postings)</td>
<td>Separate form (this is specific to Overseas postings)</td>
</tr>
</tbody>
</table>

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**You can contact us by:**

Free call: **1800 819 167**  
Email: defencecare@tollgroup.com  

Please return this completed form to your local Toll Transitions Relocation Service Centre in the reply paid envelope provided, or submit the form online at [www.tolltransitions.com.au/defence](http://www.tolltransitions.com.au/defence)

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**You can contact DHA by:**  
Phone: **139 DHA** (8:30am - 5:00pm)  
Web: [www.dha.gov.au](http://www.dha.gov.au)
Application for Relocation

Part A Personal details

1. Service number
   Employee ID number

2. Title/Rank (WORN)

3. Full name
   Surname
   Given names

4. Service: Navy [ ] Army [ ] Air Force [ ] Reserve [ ] Foreign Defence [ ] Other [ ]
   Country

5. Date of birth / / 

6. Gender Male [ ] Female [ ]

7. Your current contact details — Home address
   State
   Postcode

   Postal address (if same as home address write ‘AS ABOVE’)
   State
   Postcode

   Work address
   Position/Job title
   Unit
   Unit location
   Street address

   Phone numbers
   Work (STD )
   Home (STD )
   Mobile

   Fax numbers
   Work (STD )
   Home (STD )

   Email address
   Work
   Home

8. Preferred method of communication (how Toll Transitions will contact you)
   Telephone Work [ ] Home [ ] Mobile [ ]
   Fax Work [ ] Home [ ]
   Email Work [ ] Home [ ]
   Correspondence Work [ ] Home [ ] Postal address [ ]

Part B Gaining Unit/Base and relocation details

9. Rank at gaining Unit/Base
   Location of new Unit/Base
   Gaining location for duty
   Administration Unit/Base

10. Reason for relocation
    Posting [ ] Course [ ]
    Posting effective date / / 
    Posting authority
    Date posting issued / / 
    Posting tenure: less than 6 months [ ] 6–12 months [ ] more than 12 months [ ]

    Discharge [ ]
    Discharge effective date / / 
    Discharge authority

    Change in circumstance
    Marriage/interdependent partnership recognition [ ] Change in dependant status [ ]
    Recognition of special needs [ ] Own home [ ]
    Exchange of service residence [ ] RA Approval [ ]
    Recall to service residence [ ] Death [ ]
    Own means to service residence/LIA [ ] Overseas deployment [ ]
    Breakdown of marriage [ ] Promotion [ ]
    Eviction from RA [ ] LIA to LIA [ ]
    LIA eviction into RA [ ]
    Required date for relocation / / 

Office Use Only

Relocation Approved by

TT Case No.

TT delegates signature and printed name

Date / / 

PAGE 3 OF 9
11. Pay group

12. Annual salary or current increment

13. Date of Entry/Enlistment

14. Your status for relocation – (choose one)
   A Member without dependants – (MWOD) i.e. Single
   [ ] Go to Q16
   B Member with dependants (unaccompanied) – MWD(U)
     i.e. Separated due to service reasons
     [ ] Please give the following details
     Where will your spouse and/or dependants stay?
     Current location  At address below

   C Member with dependants – (MWD)
     i.e. Married/interdependent partnership
     Dependents (ADF recognised)
     Date and place MWD status recognised by ADF
     [ ] Go to Q15

Give the following details of your spouse/partner (if accompanying you on this posting)

Spouse’s surname

Given names

Is your spouse an ADF or APS member?
  No  [ ]
  Yes  [ ]

Spouse’s service employee

ID/AGS number

Service:  Navy  Army  Air Force  Reserve  APS

Current Rank/Grade

Rank/Grade at new location

Defence recognised dependants/children accompanying you on this posting

Dependant/Child 1

Surname

Given names

Date of birth  /

Gender  Male  Female

Relationship to you (e.g. son, daughter)

What type of school will this dependant attend at your new location?

Will not attend school  Primary  Secondary  Tertiary

Dependant/Child 2

Surname

Given names

Date of birth  /

Gender  Male  Female

Relationship to you (e.g. son, daughter)

What type of school will this dependant attend at your new location?

Will not attend school  Primary  Secondary  Tertiary

Dependant/Child 3

Surname

Given names

Date of birth  /

Gender  Male  Female

Relationship to you (e.g. son, daughter)

What type of school will this dependant attend at your new location?

Will not attend school  Primary  Secondary  Tertiary

Dependant/Child 4

Surname

Given names

Date of birth  /

Gender  Male  Female

Relationship to you (e.g. son, daughter)

What type of school will this dependant attend at your new location?

Will not attend school  Primary  Secondary  Tertiary

Dependant/Child 5

Surname

Given names

Date of birth  /

Gender  Male  Female

Relationship to you (e.g. son, daughter)

What type of school will this dependant attend at your new location?

Will not attend school  Primary  Secondary  Tertiary
15. Will you need to return to your old locality to assist with the uplift?
Note: Toll Transitions is responsible for booking travel if you are approved to return.
No
Yes ► Expected date of return / /
Please ensure travel requirements are completed in Part E, Question 25.

16. Which permanent accommodation type are you vacating?
☐ Living In Accommodation (LIA)
☐ Service Residence (SR)
☐ Own Home
☐ Rent Allowance (RA)
☐ Other (Own Means)

17. Do you need permanent housing in your new location?
Yes ► Permanent Accommodation Solution
☐ MWD
Service Residence ► Go to Q18
☐ MWOD/MWD(U)
LIA ► Go to 17a
RA ► Go to 17a

No ► I will be occupying:
Own Home ► Go to Q17a
Other ► Go to Q17a

17a. Do you require Transit LIA?
No ► Go to Q20
Yes ► Go to Q20
Toll Transitions staff aim to provide you with an accommodation solution that takes into account your Defence entitlement and family composition and, where possible your preferences, however, the solution is dependent on available options.

18. Preferred type of permanent accommodation (tick one only)
☐ Standard house
☐ Unit/Townhouse

19. Do you have a preferred area to live within the new location?
No
Yes ► List suburbs in order of preference

20. Details of your pets (if applicable)

<table>
<thead>
<tr>
<th>Type of pet (e.g. cat, dog)</th>
<th>Sex</th>
<th>Age</th>
<th>Breed and size (small, medium, large)</th>
<th>Desexed</th>
</tr>
</thead>
<tbody>
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</table>
21. **Do you, or any member of your dependent family, own a residential property in the new location?**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td><img src="Q22" alt="Go to Q22" /></td>
<td><img src="ResidentialProperty" alt="Give details of the residential property" /></td>
</tr>
</tbody>
</table>

   **Give details of the residential property**

   Address: 
   State: 
   Postcode: 
   Number of bedrooms: 

22. **Part D Other considerations**

   **Please state here the requirements for housing that you have as a result of being recognised as a family with special needs in accordance with DI(G) PER 42-5.**

   Is the special need for: 
   - Housing [ ] 
   - Travel [ ] 
   - Temporary accommodation [ ]

   Give a brief summary and attach a copy of Recognition, Family with Special Needs Letter, as approved by Defence Community Organisation (DCO).

   ![If more than one property, please provide details on a separate sheet.](MoreProperty)

23. **Please state any other circumstances or personal preferences (not already included in this application) that you believe should be taken into account regarding your relocation. This could include specific job requirements, which will assist in determining your housing requirements, and may require Defence approval.**

   ![If you need more space, please attach a separate sheet.](MoreSpace)
24. Please advise how Toll Transitions can contact you while you are in transit.

<table>
<thead>
<tr>
<th>Mobile phone number</th>
<th>Other person – name</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

25. How will you and your dependants (if relevant) get to the new location?

- Own vehicle [ ] Fill in the relevant details in Parts (i) and (ii)
- Other [ ] Complete Part (i)

**Part (i) – Please provide details of the travel required.**

<table>
<thead>
<tr>
<th>First name</th>
<th>Preferred mode of travel (air, car, rail, boat, bus, own means)</th>
<th>Departure location</th>
<th>Arrival location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Departure date</td>
<td>AM/PM</td>
</tr>
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<td></td>
<td></td>
<td>Departure date</td>
<td>AM/PM</td>
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<td></td>
<td></td>
<td>Departure date</td>
<td>AM/PM</td>
</tr>
</tbody>
</table>

**Part (ii) – If driving own vehicle please complete.**

If it is your intention to freight one or more of your vehicles you will need to complete question 30.

**Vehicle 1**

- Vehicle make
- Model
- Engine (cubic capacity)
- Registration number
- State
- Registration expiry date
- Will you be towing anything?
  - No
  - Yes [ ] Item description (e.g. trailer)
- Registration number
- State

**Vehicle 2**

- Vehicle make
- Model
- Engine (cubic capacity)
- Registration number
- State
- Registration expiry date
- Will you be towing anything?
  - No
  - Yes [ ] Item description (e.g. trailer)
- Registration number
- State

**Vehicle 3**

- Vehicle make
- Model
- Engine (cubic capacity)
- Registration number
- State
- Registration expiry date
- Will you be towing anything?
  - No
  - Yes [ ] Item description (e.g. trailer)
- Registration number
- State

**Will any person (other than your spouse or the dependants you have named on this form) be travelling with you?**

- No
- Yes [ ] Is this person in the ADF?
  - No
  - Yes [ ] Their name
  - Employee ID number

**Vehicle 3**

- Vehicle make
- Model
- Engine (cubic capacity)
- Registration number
- State
- Registration expiry date
- Will you be towing anything?
  - No
  - Yes [ ] Item description (e.g. trailer)
- Registration number
- State

**Will any person (other than your spouse or the dependants you have named on this form) be travelling with you?**

- No
- Yes [ ] Is this person in the ADF?
  - No
  - Yes [ ] Their name
  - Employee ID number
### Part F  Furniture and effects

**26. Do you have any items currently in storage at Commonwealth expense?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Location of items (e.g. city and state)</td>
</tr>
</tbody>
</table>

Preferred delivery date / / 

Delivery address 

State Postcode

**27. Relocation details for your furniture and effects**

If your removal has more than one part, (e.g. direct delivery to a residence temporary storage, delayed delivery to a residence), please provide an inventory for EACH part. Please note that while you nominate preferred pre-pack and uplift dates, Defence may require you to move on any day within the week of your preferred dates.

**Inventory A**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory submitted electronically to Toll Transitions</td>
<td>Inventory attached</td>
</tr>
</tbody>
</table>

Preferred pre-pack date / / 

Preferred uplift date / / 

Uplift address 

State Postcode 

Preferred delivery date / / 

Delivery address 

State Postcode

**Inventory B**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory submitted electronically to Toll Transitions</td>
<td>Inventory attached</td>
</tr>
</tbody>
</table>

Preferred pre-pack date / / 

Preferred uplift date / / 

Uplift address 

State Postcode 

Preferred delivery date / / 

Delivery address 

State Postcode

**28. Will you have items requiring long-term storage or overflow storage?**

<table>
<thead>
<tr>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Complete Q29 – Inventory C (Approval to be given by Toll Transitions)</td>
</tr>
</tbody>
</table>

Reason/Comments

**29. Inventory C – Items for Long Term Storage**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory submitted electronically to Toll Transitions</td>
<td>Inventory attached</td>
</tr>
</tbody>
</table>

Preferred pre-pack date / / 

Preferred uplift date / / 

Uplift address 

State Postcode 

**30. Do you have any vehicles/towable items that need to be transported to the new location (other than the ones already listed at question 25 – Part ii)?**

<table>
<thead>
<tr>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Give details</td>
</tr>
</tbody>
</table>

**Item 1**

<table>
<thead>
<tr>
<th>Item description (e.g. car)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Make</td>
<td></td>
</tr>
<tr>
<td>Model</td>
<td></td>
</tr>
<tr>
<td>Registration number</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Location from</td>
<td></td>
</tr>
<tr>
<td>Preferred Uplift Date</td>
<td>/ /</td>
</tr>
<tr>
<td>Location to</td>
<td></td>
</tr>
<tr>
<td>Preferred Delivery Date</td>
<td>/ /</td>
</tr>
</tbody>
</table>

**Item 2**

<table>
<thead>
<tr>
<th>Item description (e.g. car)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Make</td>
<td></td>
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<td>Model</td>
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<td>Registration number</td>
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<td>Preferred Uplift Date</td>
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<td>Location to</td>
<td></td>
</tr>
<tr>
<td>Preferred Delivery Date</td>
<td>/ /</td>
</tr>
</tbody>
</table>
**Part G** Temporary accommodation

Toll Transitions staff aim to provide you with temporary accommodation that takes into account your Defence entitlement and family composition.

31. Will you need temporary accommodation in your current location?
   - No [ ]
   - Yes [ ] Other requirements, e.g. cots, pram access etc. (if no preference leave blank).

32. Will you need temporary accommodation in your new location?
   - No [ ]
   - Yes [ ] Other requirements, e.g. cots, pram access etc. (if no preference leave blank).

33. Do you have a preference for a smoking or non-smoking room?
   - Smoking [ ]
   - Non-smoking [ ]

34. For calculation of Disturbance Allowance and to enable certification of the number of Departmental moves recorded in our records, please state the number of moves you have had at Departmental expense (including this one).

**Part H** Declaration

35. Declaration by MEMBER

I understand that Toll Transitions will collect, store and use or disclose information contained in this Form for the purposes set out on the first page. I acknowledge that it is Toll Transitions’ usual practice to give some or all of my personal information (including relocation details) to the agencies and organisations identified on the first page.

I acknowledge that in order to be able to provide the services listed on the first page Toll Transitions needs to be able to provide some or all of my personal information (including relocation details) to the Department of Defence and to contractors and accordingly consent to this use of my personal information. I acknowledge that Toll Transitions may in certain circumstances also disclose personal information to the other persons, agencies and organisations identified on the first page.

- The information I have provided in this Form is true and accurate.
- I am aware that the giving of false or misleading information, documents or statements to Toll Transitions 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.

36. Declaration by MEMBER on discharge from the ADF

My address prior to enlistment was

State Postcode

It is my bona fide intention, on termination of my service, to take up residence at the following address and I apply for removal at Departmental expense to that destination.

State Postcode

- I understand that, in the event of my furniture and effects being moved into storage, I will be responsible from the date of delivery into storage for both storage charges and insurance monthly in advance.
- I undertake to refund the cost of removal in the event of my failure to complete my engagement, or circumstances arising in which I will not qualify for a removal on discharge.
- In the event of my claim for discharge being cancelled or withdrawn after the removal has taken place, I understand that I will be responsible for any additional costs incurred on removal to my new posting locality, less the cost Defence would ordinarily be responsible for.
- The information I have provided in this Form is true and accurate.
- I am aware that the giving of false or misleading information, documents or statements to Toll Transitions or the Department of Defence is a serious offence under the Crimes Act 1914 and the Defence Force Discipline Act 1982, and that these Acts impose substantial penalties, including imprisonment, for committing these offences. Any entitlement provided to me as a result of such conduct may be recovered.

**Returning the Application for Relocation**

Return the completed Application for Relocation in the reply paid envelope provided, or return the completed form by fax to your local Toll Transitions Relocation Services Centre (RSC). Keep a photocopy of the completed form for your records.