



# 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](http://www.tolltransitions.com.au/defence)

**Keep a photocopy of the completed form for your records.**



## Forms for relocation checklist

Reason	Additional forms required
Posting	Posting Order
Discharge	Discharge Authority Deferment of Removal Request
Marriage/interdependent partnership Recognition	Notice of Intent of Marriage Approval of interdependent partnership from Unit/Co Marriage Certificate
Recognition of Special Needs	Approval letter from the Director General of the Defence Community Organisation
Exchange of Service Residence	Request from member to Defence Housing Australia Approval from Defence Housing Australia
Recall to SR	Request from Defence Housing Australia to Member Approval from Defence Housing Australia
Own means to SR/LIA	Request from member to Defence Housing Australia Approval from Defence Housing Australia or Department of Defence
Breakdown of Marriage	Member: Chapter 1 PACMAN Proforma Categorisation Spouse/Partner: Separate Declaration—both parties to contact the RSC
Eviction from R/A	Eviction notice from Real Estate agent
LIA eviction to R/A	Eviction notice from Unit/Accommodation Contractor
Change in Dependant Status	Categorisation Form Approval for additional dependants from Director of Entitlements
Own Home	House contract Tenure from Defence
RA Approval	Approval from DHA
Courses	Joining Instruction/Posting Order (if requested by Defence Housing Australia)
Overseas Deployment	Unit CO Approval
Overseas Posting	Separate form (this is specific to Overseas postings)

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### You can contact us by:

Free call: **1800 819 167**

Email: **defencecare@tollgroup.com**

Web: **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**



# Application for Relocation

<b>Office Use Only</b>	TT Case No. <input type="text"/>
<b>Relocation Approved by</b>	<input type="text"/>
	(TT delegates signature and printed name)
<b>Date</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## 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  Other

Foreign Defence Exchange personnel

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  Base

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

Recognition of special needs

Exchange of service residence

Recall to service residence

Own means to service residence/LIA

Breakdown of marriage

Eviction from RA

LIA eviction into RA

Change in dependant status

Own home

RA Approval

Death

Overseas deployment

Promotion

LIA to LIA

**Required date for relocation**  /  /

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 –**  **Go to Q16**  
(MWD) i.e. Single

**B Member with dependants (unaccompanied) –**  **Please give the following details**  
(MWD(U) i.e. Separated due to service reasons)

Where will your spouse and/or dependants stay?

Current location  At address below

State <input type="text"/> Postcode <input type="text"/>

*You must provide a copy of approval from the Commanding Officer of your gaining Unit.*

**Go to Q15**

**C Member with dependants –**  **Please give the following details**  
(MWD) i.e. Married/interdependent partnership/Dependants (ADF recognised)

Date and place MWD status recognised by ADF

<input type="text" value="/ /"/>	<input type="text"/>
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**Give the following details of your spouse/partner (if accompanying you on this posting)**

Spouse's surname <input type="text"/>
Given names <input type="text"/>

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 <input type="text"/>
Given names <input type="text"/>

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 <input type="text"/>
Given names <input type="text"/>

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 <input type="text"/>
Given names <input type="text"/>

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 <input type="text"/>
Given names <input type="text"/>

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 <input type="text"/>
Given names <input type="text"/>

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 6**

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 7**

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 8**

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

*If more than 8 dependants will accompany you on this posting, please provide details on a separate sheet.*

**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.*

**Part C Housing Considerations**

**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)**

Type of pet (e.g. cat, dog)	Sex	Age	Breed and size (small, medium, large)	Desexed	
				No	Yes
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**21. Do you, or any member of your dependent family, own a residential property in the new location?**

No  ► **Go to Q22**  
 Yes

**Give details of the residential property**

Address

State	Postcode

Number of bedrooms

**Do you intend to live at this residential property during this posting?**

No  ► Please provide reason


Yes  ► Date of intended occupancy

/		/	
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**Is this residential property currently tenanted?**

No

Yes  ► Date the lease expires

/		/	
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Is there a Release Clause?

No

Yes

*If more than one property, please provide details on a separate sheet.*

**Part D Other considerations**

**22. 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 you need more space, please attach a separate sheet.*

**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.*

**Part E** Travel details

**24. Please advise how Toll Transitions can contact you while you are in transit.**

Mobile phone number	<input type="text"/>	Other person – name	<input type="text"/>
Email	<input type="text"/>	Phone number	( <input type="text"/> ) <input type="text"/>

**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.

First name	Preferred mode of travel (air, car, rail, boat, bus, own means)	Departure location			Arrival location				
		Departure date	/	/	AM/PM	Arrival date	/	/	AM/PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

**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 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

**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?**

No

Yes  Location of items (e.g. city and state)


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**

Inventory submitted electronically to Toll Transitions  Inventory attached

Preferred pre-pack date  /

Preferred uplift date  /

Uplift address

State	Postcode

Preferred delivery date  /

Delivery address

State	Postcode

**Inventory B**

Inventory submitted electronically to Toll Transitions  Inventory attached

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?**

No

Yes  Complete Q29 – Inventory C (Approval to be given by Toll Transitions)

Reason/Comments

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

Inventory submitted electronically to Toll Transitions  Inventory attached

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)?**

No

Yes  Give details

<b>Item 1</b>	Item description (e.g. car)	<input style="width: 95%;" type="text"/>
	Make	<input style="width: 95%;" type="text"/>
	Model	<input style="width: 95%;" type="text"/>
	Registration number	<input style="width: 95%;" type="text"/>
	State	<input style="width: 80%;" type="text"/>
	Location from	<input style="width: 95%;" type="text"/>
	Preferred Uplift Date	<input type="text" value="/"/> / <input type="text" value="/"/>
	Location to	<input style="width: 95%;" type="text"/>
	Preferred Delivery Date	<input type="text" value="/"/> / <input type="text" value="/"/>

<b>Item 2</b>	Item description (e.g. car)	<input style="width: 95%;" type="text"/>
	Make	<input style="width: 95%;" type="text"/>
	Model	<input style="width: 95%;" type="text"/>
	Registration number	<input style="width: 95%;" type="text"/>
	State	<input style="width: 80%;" type="text"/>
	Location from	<input style="width: 95%;" type="text"/>
	Preferred Uplift Date	<input type="text" value="/"/> / <input type="text" value="/"/>
	Location to	<input style="width: 95%;" type="text"/>
	Preferred Delivery Date	<input type="text" value="/"/> / <input type="text" value="/"/>



## 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.

- Commonwealth indemnity does not apply to vehicles/towable items being transported or while they are parked or stored awaiting uplift or collection. Information obtained during the course of the assessment of my relocation or housing requirements may be provided to the Department of Defence and external service providers for the purpose of managing my housing requirements and relocations.

Signature of Member

Date

 /  / 

## Part I Discharge Declaration

### 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.

Signature of Member

Date

 /  / 

### 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.**