



ANZ New Career Training Fund Application Form

Eligibility

To be eligible to submit an application to the ANZ New Career Training Fund you must:

- Be a permanent full time or part time ANZ employee in Australia or New Zealand on or after 1 June 2009.
- Be retrenched/made redundant due to a decision by ANZ/ANZ National to offshore roles from Australia or New Zealand.
- Have applied for, or been accepted in to, the relevant course within 6 months of your exit date from ANZ.

Process

- Applicants should provide all necessary documentation including proof of payment to training institution or invoice of fees to support their application. Where applicants have applied for, but are not yet accepted in to the relevant course, a formal quotation of course fees from the educational institution is required.
- Applicants who have engaged with outplacement services may wish to consult with their Outplacement Consultant for guidance and support with the application.
- Applicants will be advised of the decision of the ANZ New Career Training Fund Council in writing. Decisions are final.
- If approved the costs in part or whole will be paid to the educational institution or reimbursed to the applicant as determined by the ANZ New Career Training Fund Council.
- Eligible applicants may submit one successful application to the Fund only.
- The ANZ New Career Training Fund Council in its discretion may relax the eligibility criteria where the Applicant demonstrates extenuating or compassionate circumstances.
- The ANZ New Career Training Fund Council reserves the right to amend eligibility and procedure from time to time.
- ANZ reserves the right to vary or close the fund at its discretion.
- Completed applications (with supporting documents as required) may be submitted by post to:

ANZ New Career Training Fund
C/O Betty Tran
Level 7, ANZ Centre
833 Collins Street
Docklands, VIC 3008



Instructions:

- Please read the ANZ New Career Training Fund policy prior to completing the below application form. A copy of the policy may be obtained by contacting ANZ People Assist on 1800 652535 (8am – 6pm Melbourne time).
- Please complete the application form, attaching supporting information where required to enable full assessment of your application.

Eligibility checklist

<p>I am a former permanent full or part time ANZ employee based in Australia or New Zealand and was employed on or after 1 June 2009.</p> <p>Tick box for yes and enter your name, ANZ Employee ID, Former Team, Job Title and Division.</p>	<p><input type="checkbox"/></p> <p>Name:</p> <p>Employee ID:</p> <p>Team:</p> <p>Division:</p> <p>Line Manager:</p> <p>ANZ Job Title:</p> <p>Length of Service:</p>
<p>I was retrenched by ANZ in Australia or New Zealand. Tick box for yes.</p>	<p><input type="checkbox"/></p>
<p>This application is being submitted within 6 months following my exit date from ANZ. Tick box for yes and enter exit date from ANZ [dd/mm/yyyy].</p>	<p><input type="checkbox"/></p> <p>/ /</p>

Section 1 – Personal Details:

Address:

.....

State:

Post Code:



Country:

Contact Numbers (Home & Mobile):

Email Address:

Employment Details: Full time Part time Unemployed

If employed, insert employer details, position title & description:

.....
.....

Section 2 – Training Details:

a) Course Information

Course Title:

Course Load (hours per week):

Mode of Study (eg classroom-based, correspondence etc):

If study on Campus: Day Time Course Evening Course

Start Date:

Anticipated Completion Date:

Total amount sought: \$ (including GST)

b) Institution Details

Name:

Address:

Phone/ email:

Location of Course (if different from above):

If more than one course required please complete the following and continue on blank sheets as required.

a) Course Information

Course Title:

Course Load (hours per week):



Mode of Study (eg classroom-based, correspondence etc):

If study on Campus: Day Time Course Evening Course

Start Date:

Anticipated Completion Date:

Total amount sought: \$ (including GST)

b) Institution Details

Name:

Address:

Phone/ email:

Location of Course (if different from above):

a) Course Information

Course Title:

Course Load (hours per week):

Mode of Study (eg classroom-based, correspondence etc):

If study on Campus: Day Time Course Evening Course

Start Date:

Anticipated Completion Date:

Total amount sought: \$ (including GST)

b) Institution Details

Name:

Address:

Phone/ email:

Location of Course (if different from above):



Statutory Declaration and agreement – ANZ New Career Fund

I, (Full name) (*Declarant*)
Of (Your address).....
(Suburb)
(State)
(Postcode)
(Phone – Home & Mobile)
(Date of Birth – DD/MM/YYYY)
(Current Employer / Occupation (if applicable).....

DO SOLEMNLY AND SINCERELY DECLARE THAT:

1. The facts stated by me in the application form for the ANZ New Career Fund and all documents provided by me to ANZ to support the application are true and correct in every particular.
2. I agree that ANZ may withhold PAYG ("Pay-As-You-Go") withholding tax, where this is required by law, from any payment made to me, or on my behalf to a training institution, or similar facility. I agree that I am solely responsible for any personal income tax liability in respect of any payments made by ANZ as a result of this application. Where requested to do so, I also agree to reimburse ANZ within 14 days any Fringe Benefits Tax which may become payable by ANZ as a result of this application.
3. I agree that I will:
 - (a) notify the ANZ New Career Training fund administrator within 5 business days should I withdraw from a training course after ANZ has made a payment;
 - (b) repay ANZ within 30 days all payments made by ANZ where I withdraw from a training course unless:
 - (i) I provide medical evidence satisfactory to ANZ directly relating to the withdrawal from the training course; or
 - (ii) I satisfy ANZ that other exceptional or compassionate reasons warranted the withdrawal from the training course.
4. I agree to indemnify ANZ (and any related body corporate) against any loss or damage it suffers as a result of my breach of this agreement and/or any dishonest act by me in the application process, including misleading statements made by me.

Place your initials in the box beside the country, state or territory in which your Statutory Declaration is being made.

Australia

NSW

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.



- VIC And I acknowledge that this declaration is true and correct, and I make it in the belief that a person making a false declaration is liable to the penalties for perjury pursuant to section 107 Evidence Act 1958.
- QLD And I make the solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1867.
- SA And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1936.
- WA And I make this solemn declaration by virtue of section 106 of the Evidence Act 1906.
- TAS I make this solemn declaration under the Oaths Act 2001.
- NT And I make this solemn declaration by virtue of the Oaths Act and conscientiously believe the statements contained in the declaration to be true in every particular. NOTE: A person wilfully making a false statement in a declaration is liable to a penalty of \$2,000 or imprisonment for 12 months, or both.
- ACT And I make this solemn declaration by virtue of the Statutory Declarations Act 1959 and subject to the penalties provided by the Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

New Zealand

- New Zealand And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths and Declarations Act 1957.

Declared at[location][date]

.....
(Signature of declarant / person making the declaration)

Before me _____
(Signature of witness/ person before whom the declaration is made)

(Name of witness/ person before whom the declaration is made)

(Address of witness/ person before whom the declaration is made)

(Title or qualification of witness/person before whom the declaration is made)