

centrelink

When to use this form

Use this form to request approval to participate in voluntary work to count towards your mutual obligation requirements.

Voluntary work cannot count towards your mutual obligation requirements until approved.

What you need to do now

Complete questions 1 to 9.

The voluntary work organisation must complete page 2.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Returning this form

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to
- servicesaustralia.gov.au/centrelinkuploaddocsby post to
- Employment Services, Services Australia Employment Services, PO BOX 7817, CANBERRA BC ACT 2610
- in person at one of our local service centres

Customer to complete

1 Your Customer Reference Number (if known)

2	Vour	name
~	tuur	IIdIIIE

3 Voluntary work organisation name

4 Voluntary work organisation address (where you are doing your voluntary work)



5 Description of voluntary work position

6	For	the	period
U	101	uio	ponou

From (DD MM YYYY)

To (DD MM YYYY)

7 How many hours will you be doing per fortnight?

Privacy notice

8 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacypolicy**

Declaration

9 I declare that:

- I will advise Services Australia if there are any changes to my voluntary work.
- I will advise the voluntary work organisation of the outcome of this application.
- the information I have provided in this form is complete and correct.

I understand that:

- I need to report that I am continuing to meet my required hours of volunteering, or advise any change of circumstances to Services Australia.
- mutual obligation requirements are requirements under the social security law.
- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

Name of customer or authorised person

Signature of customer or authorised person

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Date (DD MM YYYY)



Verification of voluntary work (SU462)

Voluntary work organisation to complete

10 Read this before answering the following question.

Voluntary work can only be approved as an activity for the purpose of mutual obligation requirements if the organisation and voluntary work position meet the requirements under the social security law.

To be approved, voluntary work organisations must be:

- not for profit and community based, or
- a government sector agency (for example, a school or hospital).

Does your organisation meet the above criteria to be approved for voluntary work purposes?



Your organisation is not eligible for approval. **Do not** complete this form.

Yes Go to next question

11 Read this before answering the following question.

Appropriate insurance includes public liability cover of at least \$5 million, as well as personal accident/voluntary workers cover. There is no minimum amount of personal accident/voluntary workers insurance to be held, and organisations should seek professional advice in determining what level of cover is appropriate.

Does your organisation have current appropriate public liability and personal accident/voluntary workers insurance?



Your organisation is not eligible for approval. **Do not** complete this form.

Yes Go to next question

12 Voluntary work organisation name

Voluntary work or	ganisation ABN	

13 Organisation contact person

Full name

Position held

14 Organisation contact person details

organisation contact pers	son ut	stand	>					
Phone number								
(including area code)								
Mobile number								
Fax number (including area code)		1	1	1	1			 1
Email								
Website								

15 Description of voluntary work position
Voluntary work positions cannot replace a paid position and should provide the participant with the opportunity to gain skills which will directly improve their employment prospects.
16 For the period
From (DD MM YYYY)
To (DD MM YYYY)
To (DD MM YYYY)
How many hours of voluntary work will the person named at question 2 be doing per fortnight?

Privacy notice

18 You need to read this

Privacy and your personal information

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Declaration

19 I declare that:

- paid positions are not being replaced by the use of volunteers.
 we have appropriate insurance which includes public
- liability cover of at least \$5 million, as well as personal accident or voluntary workers cover.
- we will advise Services Australia within 14 days if our insurance or other circumstances change.
- we agree to verify the volunteer's attendance if required.
- we operate on a 'not for profit' basis.
- we verify that the information provided in relation to hours and dates of voluntary work is correct.
- the information I have provided in this form is complete and correct.

I understand that:

- information about my organisation may be disclosed if required or authorised by law.
- I can report fraud and/or concerns to servicesaustralia.gov.au/fraud
- giving false or misleading information is a serious offence.

Signature of organisations authorised representative

Æ					
Date (DD	MM YYYY)		 		

See Returning this form, on page 1.