



MEDICAL BENEVOLENT
ASSOCIATION OF NSW

PRIVATE AND CONFIDENTIAL

MBANSW Beneficiary Record Form

Surname:

Given Name(s):

Date of Birth:

Age:

Relationship Status:

Residential Address (including Post Code):

Telephone:

Email:

Are you a medical practitioner in NSW or ACT?

Where are you currently employed?

Name and address of employer:

Occupation/Specialisation?

Where/when was your training completed?

Who else lives in your household?

Next of Kin:

Name:

Relationship:

Telephone:

Are you currently receiving assistance or support from any other organisations or healthcare professionals? If so, please provide details below:

How did you hear about MBANSW?

Have you contacted us for assistance before? If so, when?

Income and Expenditure Information

(All sections must be completed, and all questions answered if you wish to be considered as a financial beneficiary)

Overview of Financial Position

Your Income		Partners Income	
Salary (net) per week		Salary (net) per week	
Centrelink		Centrelink	
Child support		Child support	
Any other income		Any other income	
Assets (combined- if you are married or partnered)		Debts (combined – if you are married or partnered)	
Property		Mortgage	
Savings		Personal Loan	
Vehicles		Credit Card (s)	
Shares/Investments		Other	
Home Contents			
Other			

Have you seen a financial counsellor?

Do you have income protection?

Have you ever declared bankruptcy?

Detailed Expenses

	Amount \$	Frequency	Payment Method E.g.: BPay, EFT	Name of Institution
Mortgage / Rent				
Electricity and Gas				
Water Rates				
Council Rates				
Telephone/Internet				
Health Fund				
Home & Contents Insurance				
Indemnity Insurance				
Income protection				
CTP Insurance				
Car Registration				
Credit Card (s)				
Food/Household				
Other (e.g. medical/ pharmacy)				



Bank Details

If the MBANSW Council grants you a gift, it would be deposited into this account.

Name/s of account holder/s	
Bank account number	
BSB number	

Declaration

The facts and figures presented in this statement are accurate and form, to the best of my knowledge a true representation of my financial position. I understand that my application for assistance does not guarantee that financial assistance will be provided by MBANSW. Decisions on requests for financial assistance are made by the MBANSW Council.

By completing and returning this form I consent to the collection, use and disclosure of my personal information in accordance with Medical Benevolent Association NSW's Privacy Policy. A copy of the Policy is available on the MBANSW website www.mbansw.org.au or by telephone request.

Name:

Signed:

Date:

Please return completed form to:

The Social Work Team at the Medical Benevolent Association of NSW

Email: support@mbansw.org.au

Fax: 02 9987 2970

Telephone: 02 9987 0504