

EMERGENCY TRANSPORT CLAIM FORM



Complete this form and forward to:

BIRST

PO Box 321

UNLEY BC SA 5061

PH: (08) 8373 0122 Fax: (08) 8373 1929

Member Details

Member Name:		
Residential Address:		
State:	Postcode:	
Telephone Number:	Mobile Number:	
Employer Name:	Employer Telephone Number:	
Occupation:		
Union Member:	<input type="checkbox"/> CFMEU	<input type="checkbox"/> CEPU
If not a union member BIRST Membership Number:		

Incident Details

Date the ambulance was used:	
Name of person who used the ambulance:	
Relationship to Member (wife, daughter, member, etc.):	
Date Of Birth:	
What was the reason for the ambulance usage?	
If the use of the ambulance was not as a result of an accident, provide the name and telephone number of the Doctor who requested the transport.	
Name:	Contact Number:

ORIGINAL ACCOUNT MUST BE ATTACHED TO THIS FORM

I acknowledge that the Administrator has the right to seek additional information in support of this claim.

DECLARATION

I do solemnly declare that the foregoing particulars are true and correct in every detail, and I agree that if I have made, or in any further declaration in respect of the said injury or sickness shall make, any false or fraudulent statements, or suppress, conceal or falsely state any material fact whatsoever, the Policy shall be void and all rights to recover thereunder in respect of the past or future injuries or sickness shall be forfeited.

"I the undersigned hereby acknowledge and agree to the information contained herein (including our personal information) being shared with the other members of our CAAW Trust as part of the Trust's Risk Management process and reporting criteria"

Signature of Member:

Date:



CONSTRUCTION FORESTRY MINING & ENERGY UNION

ABN 71 560 759 083

COLLECTION STATEMENT UNDER PRIVACY ACT 1988

In accordance with the Privacy Act 1988 (and subsequent amendments) we, the CFMEU (and our subsidiaries and related entities) draw your attention to the following.

The CFMEU collects and holds personal information that is provided by you on your claim form when you apply for Emergency Transport Benefit.

We need this information to make sure that your details are correct and to contact you when necessary. Without this information, we may not be able to process (and therefore may reject) your claim form.

The CFMEU will only discuss your personal information to a third party where such disclosure is permitted in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and our Privacy Policy, including where:

- You have expressly or impliedly consented to the disclosure
- Staff disclosing the information believe on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to life or health to you or to some other persons; or
- The disclosure is authorised by or under law
- The disclosure is to agents of contractors that provide contracted services to the CFMEU (subject to privacy obligations)
- The disclosure is reasonable necessary for the enforcement of the criminal law or of a law imposing a pecuniary penalty or for the protection of the public revenue or for the interests of the government, statutory authority or statutory office holder as an employer

Before providing us with any details about another individual, you must ensure that the individual is aware of:

- The proposed disclosure of their information to us and the purposes for which the information is collected and used by us
- The individual's ability to request access to the information that we hold about them under the Privacy Act and to advise us if they think the information is inaccurate, incomplete or out of date