

Please complete this form where an extended posting locality has been approved and where approval is sought to partake in the Flexible Housing Trial. Reference PACMAN 7.1.16B

## Member details

Member	Employee ID	<input type="text"/>	Rank	<input type="text"/>
	Given name(s)	<input type="text"/>		
	Family name	<input type="text"/>		
	Preferred email	<input type="text"/>		
	Preferred phone	<input type="text"/>		

## CO briefing information

Current residential address	<input type="text"/>				
	Suburb <input type="text"/>				
	State <input type="text"/>		Postcode <input type="text"/>		
Requested residential address (if known)	<input type="text"/>				
	Suburb <input type="text"/>				
	State <input type="text"/>		Postcode <input type="text"/>		
Distance from PMA	<input type="text"/>	km			
Travel time from PMA	<input type="text"/>	hr	<input type="text"/>	min	
	Travel time via public transport		<input type="text"/>	hr	<input type="text"/>

## Application justification

Spouse/Partner employment details	Name of employer	<input type="text"/>		
	Type of employment	<input type="text"/>		
	Employment location	<input type="text"/>		
Spouse/Partner study details	Name of institution	<input type="text"/>	Hours of study	<input type="text"/>
	Study location	<input type="text"/>		

## Families with Special Needs

Name of dependant	<input type="text"/>			
Special Needs recognition date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treating medical facility location	<input type="text"/>			

## Supporting documentation check

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Have you included the following supporting documentation with this application?

Original approval to live outside of 30km Yes  No  Not applicable

Partner's employment or study evidence Yes  No  Not applicable

Special Needs DCO approval Yes  No  Not applicable

## Commanding Officer's approval

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I am satisfied this member qualifies for the Flexible Housing Trial.

This member is approved to live within the town/suburb of

This member is approved to live no further than  kms from

This member is approved to live between  and

Commanding Officer's name  Unit

Commanding Officer's Signature 

Date