|  |  |
| --- | --- |
| **Information for Applicants** | **Information for Departments/Agencies** |
| You should read the *FAQ – Compensation Applications to the Statutory and Other Offices Remuneration Tribunal* before starting your compensation application. You may apply for compensation by downloading this form and entering the information electronically using the menus and free text fields. When completed print and sign the form. If you do not wish to use this form your application should address the items as set out below, to ensure that the Tribunal has the information it requires to assess your compensation application.**Send application to:**Your former Secretary or Agency Head.  | The Secretary or Agency Head should send the compensation application to the Tribunal under cover letter. The letter should confirm the applicant’s employment details (role details, level, contract start and end dates, length of public service as SES/PFSE & Non SES/PFSE ), circumstances surrounding termination, last day of duty, date formally notified of the termination date and any comments considered appropriate**.** |
| **Address letter to:** | **Send application to:** |
| Jim Lloyd Public Service CommissionGPO Box 3988SYDNEY NSW 2001 | jim.lloyd@psc.nsw.gov.au |

| 1. **Personal Details**
 |
| --- |
| **Name** | **Age** |
| Click here to enter text | Click here to select number |
| **Home address** | **Suburb** | **Postcode** |
| Click here to enter text | Click here to enter text | Click here to enter text |
| **Email** *(required for notification)* | **Home telephone** | **Mobile** |
| Click here to enter text | Click here to enter text | Click here to enter text |
| **Qualifications** *(provide the level and field for the two highest qualifications)* |
| **1. Level:** Click here to select a level | **2. Level:** Click here to select a level |
|  **Field:** Click here to select a field | **Field:** Click here to select a field |

| 1. **Contract Details**
 |
| --- |
| **Department/Agency** | **Role title** |
| Click here to enter text  | Click here to enter text |
| **Remuneration package** | **Recruitment allowance** *(if applicable)* | **Level** |
| $Click here to enter text | $Click here to enter text | Click here to select a level  |
| **Contract start** | **Contract end** |
| Click here to select a date | Click here to select a date |
| **Occupational group** |
| Click here to select a group |
| **Type of role** *(Click in the box that reflects the degree of speciality)* |
| [ ]  Generalist | [ ]  Slightly specialised | [ ]  Moderately specialised | [ ]  Extremely specialised |
| **Role description** *(EG primary purpose, key accountabilities and challenges, the reason the role is specialised – if applicable)* |
| Click here to enter text |

| 1. **Termination Details**
 |
| --- |
| **Last day of duty (LDD)** | **Date formally notified of LDD** |
| Click here to select a date | Click here to select a date |
| **Circumstances of the termination of contract** *(EG restructure, GSE implementation, other reasons)* |
| Click here to enter text |

| 1. **Work History Summary**
 |
| --- |
| **No. of years public service at SES/PFSE level** | **No. of years public service at NON SES/PFSE level** |
| Click here to select a number  | Click here to select a number |
| **Employment summary** *(EG positions held with relevant employer and dates - attach your Curriculum Vitae for details)* |
| Click here to enter text |

| 1. **Optional Information**
 |
| --- |
| **Record of performance** *(EG outcome of your last annual performance review or performance history)* |
| Click here to enter text |
| **Superannuation arrangements** *(EG fund and any impact the termination may have on superannuation)* |
| Click here to enter text |
| **Any other matters you consider relevant** |
| Click here to enter text |
| **List of attached documents** *(EG Attachment 1-Curriculum Vitae)* |
| Click here to enter text |

| 1. **Notification Election**
 |
| --- |
| The Tribunal’s determination will be sent to your email address. If specifically requested, a copy of the determination will also be sent to your home address. |
| **Do you request that a copy of the determination be sent to your home address?** *(Click in the appropriate box)* |
| [x]  Yes | [ ]  No |

| 1. **Certification and Signature**
 |
| --- |
| I certify that the information I have provided in my compensation application to the Tribunal is true and accurate to the best of my knowledge. |
| **Signature** | **Date** |
|  | Click here to select a date |

**Forward your signed application to your former Secretary or Agency Head**