



# Financial Hardship Application

## Request for Early Cancellation of Membership Payments

This form is to be completed by members of the **Phlebotomists Council of Australia (PCA)** who are experiencing genuine financial hardship and are seeking early cancellation of membership payments, a temporary suspension, or alternative payment arrangements.

All information provided will be treated confidentially and assessed in accordance with PCA policies.

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## 1. Member Details

**Full Name:**

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**Email Address:**

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**Phone Number:**

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**Postal Address:**

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**Payment Frequency:**

- Fortnightly
- 3 Monthly
- 6 Monthly

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### 3. Nature of Financial Hardship

Please indicate the circumstances contributing to your financial hardship (tick all that apply):

- Loss of employment
  - Reduced work hours / income
  - Serious illness or injury
  - Carer responsibilities
  - Family or domestic violence
  - Unexpected financial hardship (e.g. emergency expenses)
  - Other (please specify): \_\_\_\_\_
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### 4. Statement of Financial Hardship

Please provide a brief explanation of your current financial circumstances and why you are unable to continue membership payments at this time.

(Attach additional pages if required.)

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### 5. Supporting Evidence (Optional but Recommended)

You may attach supporting documentation to assist with the assessment of your request. This may include, but is not limited to:

- Breakdown of fortnightly bills against income demonstrating financial hardship
- Separation or family violence support documentation
- Centrelink correspondence demonstrating assistance being provided for low income earner or single income household
- Employer letter confirming reduced hours or termination
- Other relevant evidence (Payslips, contract variations,

*Note: PCA understands that not all members are able to provide documentation. Applications will be considered on a case-by-case basis.*

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## 6. Request Type

Please indicate what you are requesting:

- Early cancellation of membership without penalty
  - Temporary suspension of membership payments
  - Alternative payment arrangement
  - Other (please specify): \_\_\_\_\_
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## 7. Declaration

I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in my application being declined.

I acknowledge that approval of this request is at the discretion of the **Phlebotomists Council of Australia (PCA)** and subject to its policies.

**Member Signature:**

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**Date:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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## 8. PCA Use Only

**Application Received:**

- Yes  No

**Assessed By:**

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**Outcome:**

- Approved
- Approved with Conditions
- Declined

**Effective Date:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Notes:**

