

COLLINS FAMILY FUND APPLICATION FORM

Employee Name: _____ Employee Number: _____

DOB: _____ Contact number: _____

Living Arrangements: _____ (living with parents; renting; mortgage)

Brand (KFC / Taco Bell / RSC): _____

Store Name / Location: _____ Manager Name: _____

I am applying for a financial grant for the amount of \$_____to:

support in providing day to day living expenses such as groceries, rent, fuel, bills/utilities etc.

provide support for unforeseen and/or unexpected expenses that are causing significant financial strain, such as: natural disaster, state of emergency, significant injury/illness or personal tragedy.

other – please detail below

Additional background information that might help support your application:

I confirm that I have less than \$10,000 in savings

I confirm I have checked that I am receiving all the benefits that I am entitled to from the government and/or insurance providers prior to submitting this application

Please provide any supporting evidence by attaching it to your email, together with your completed Application Form to hr@collinsfoods.com. Supporting evidence may be medical notes or certificates, copies of invoices etc.

Employee Acknowledgement:

I _____ confirm that by submitting this application, I consent to Collins Foods Ltd to storing and sharing this information in order to process my application for the Collins Family Fund. I also consent for CFL to seek the endorsement of my manager for this application.

I acknowledge that the decisions made by the Collins Family Fund Committee are final once formally advised in writing.

Document No	Date Approved	Version
CFL-HR-PRO-005	May 2021	1.0