

Work and Development Order – Exceptional Circumstances Form

How to complete this form:

- **Print clearly using BLOCK LETTERS in the space provided and tick the appropriate boxes**
- If all sections are not completed, **your application cannot be processed**
- **It is strongly recommended that this application be completed in conjunction with the client**
- Providing a false or deliberately misleading statement may lead to a prosecution under Section 307A of the *Crimes Act 1900*
- Please send your completed form to Revenue NSW, PO Box A2571, Sydney South 1235; or scan and email to wdo@revenue.nsw.gov.au

1. Applicant details

Name

Date of birth

		/			/				
DD			MM			YYYY			

Gender

Male

Female

CRN

Driver licence no.

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Current address

Suburb

State

--	--	--

Postcode

--	--	--	--	--

Best contact no.

Email

Postal address (if different)

Suburb

State

--	--	--

Postcode

--	--	--	--	--

Previous address

Suburb

State

--	--	--

Postcode

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Note: Please select preferred contact address: Current Email Postal

Is the applicant of Aboriginal or Torres Strait Islander descent? Yes No

Is the applicant from a Culturally and Linguistically Diverse (CALD) community? Yes No

2. Approved organisation/enrolled health practitioner (Org/HP) details

Application supported by (tick one)

Approved organisation

Approved Health Practitioner

Org/HP name

ID no.

Preferred contact person

Postal address

Suburb

State

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Postcode

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Best contact no.

Email

3. How was the applicant identified by the approved organisation or health practitioner?

Existing client

New client

Referred by another agency

4. Proposed work or development activity (Tick more than one if applicable.)

Note: An enrolled health practitioner can only support medical/mental health treatment. An approved organisation can only support activities for which it has been approved:

Medical/mental health treatment
(including disability case management)

Drug or alcohol treatment

Voluntary unpaid work

Financial or other counselling

Educational/vocational or
life skills course

Mentoring program
(persons under 25 years)

If voluntary unpaid work is proposed, does this require working with children? Yes No

If Yes, has a Working with Children check been conducted? Yes No

5. Please provide specific details of the proposed Work or Development to be undertaken

(Continue on separate page if necessary).

Details of activity	No. of hours	Frequency W/F/M	Start date
(eg counselling with Dr Smith)	2	F	31 / 08 / 2010
			/ / 20
			/ / 20
			/ / 20
			/ / 20

6. Fines to be included in this application (Continue on separate page if necessary.)

Penalty Notice Numbers	Overdue Fine Numbers

7. If new fines are found or referred to Revenue NSW, do you wish to have them automatically added to your WDO?

Yes No

8. Do you have a current Payment Plan arrangement?

Yes No ➤ Go to Q10

9. Do you wish to keep your current Payment Plan arrangement while on WDO?

Yes ➤ Go to Q11 No ➤ Go to Q11

10. Would you like to set up a Payment Plan arrangement to run with your WDO?

Yes No

Amount \$ per fortnight

11. Statement of Financial Circumstances

Income (fortnightly)	
You	
Centrelink	\$
Family allowance	\$
Net wage/salary (after tax)	\$
Other income	\$
Your partner (if applicable)	
Centrelink	\$
Family allowance	\$
Net wage/salary (after tax)	\$
Other income	\$
Total income	\$

Expenditure (fortnightly)	
Rent or board	\$
Mortgage repayments	\$
Food/groceries	\$
Electricity/gas	\$
Phone	\$
Rates (council/water)	\$
Fares/fuel	\$
Motor vehicle expense	\$
Insurance	\$
Loan/credit card debt	\$
School expenses	\$
Centrelink loan	\$
Revenue NSW Payment Plan	\$
Other expenses	\$
	\$
	\$
	\$
Total expenditure	\$

To assist with assessing/processing, please provide:

- a) your last three payslips
- b) current Centrelink statements
- c) bank statement
- d) proof of any other income for yourself and your partner.

12. Circumstances of applicant

Please describe the applicant's exceptional circumstances.

For example, Mr Smith receives a modest wage and does not have any disposable income after his essential expenses.
He lives in shared accommodation and therefore does not meet the household income test in the WDO Guidelines.

13. Client/approved organisation/health practitioner Authorisation

Note: I understand that applications are subject to audit such that I may be required to provide copies of documentation relating to WDOs upon request.

I (client's name),

apply for a Work and Development Order to satisfy all or part of my fines at Revenue NSW.

Client's Signature

Date / /
DD MM YYYY

I (approved organisation representative/health practitioner name),

acknowledge that failure to supply information in full may lead to processing delays.

Organisation representative/health practitioner signature

Date / /
DD MM YYYY

Privacy statement
Information collected from you for the purpose stated on this form may be provided to third parties with your consent or as required or permitted by law. Revenue NSW will correct or update your personal information at your request.
Read more about privacy at revenue.nsw.gov.au