

# Financial Assistance Application



**LAW  
INSTITUTE  
VICTORIA**

**Please return this form via email:** [membership@liv.asn.au](mailto:membership@liv.asn.au)

**Alternatively, return via post:**

LIV Membership, Law Institute of Victoria, Level 13, 140 William Street, Melbourne VIC 3000  
or GPO Box 263, Melbourne VIC 3001 or DX 350 Melbourne

## CONTACT DETAILS

Member number

Title Surname Given names

Business/Employer name

Business/Employer address Post code

Preferred email

## SECTION 1 – FINANCIAL ASSISTANCE ELIGIBILITY

To apply for a financial assistance due to financial hardship, please complete the reduced subscription application form prior to payment of your annual membership fee. Financial assistance is granted at the discretion of the Law Institute of Victoria and expire at the end of the membership year.

The information supplied by you will help us to understand your individual circumstances and their impact on your ability to fully fund your membership renewal for the coming year. Financial assistance is granted based on the evidence provided and evaluation of both your recent past and current working circumstances, and not granted based on an expected impact in the future..

## SECTION 2 – REASON FOR FINANCIAL ASSISTANCE

Please select one of the following

- Low income** – Unemployed, working part time and/or on significantly reduced hours
- Affected by bushfires** – I reside in a bushfire affected area
- Family care responsibilities** – I have temporarily withdrawn from the paid workforce but I do intend to return to paid employment at some point

## SECTION 3 – BACKGROUND INFORMATION

**PLEASE PROVIDE INFORMATION ABOUT:**

**Background, dates and reasons for any period that you have been away from the workforce in the past 12 months**

[MORE DETAILS OVER ...](#)

## SECTION 3 – BACKGROUND INFORMATION CONTINUED

Details of any employment during the past 12 months, including the number of hours (for example hours per week on average) and the type of work (part-time, casual, contract, etc.)

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Any other information or supporting documentation that would assist the Law Institute of Victoria in reaching a decision (For example, a medical certificate)

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## SECTION 4 – DECLARATION

- I declare that the information provided in this application is correct and true.
- I undertake to immediately advise the Law Institute of Victoria of any changes in my circumstances that may affect my membership financial assistance status and are bound by the rules and regulations now in force or hereafter voted.

Full Name Print

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Signature

Date

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## SECTION 5 – FORM SUBMISSION AND INQUIRIES:

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**Inquiries to LIV Membership:**

E: [membership@liv.asn.au](mailto:membership@liv.asn.au) | T: 03 9607 9470 (9am-5pm Monday to Friday, excl. public holidays)

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**Privacy Statement:** The Law Institute of Victoria ("the LIV") protects the privacy and security of information provided by you. By completing this form, you agree to the use of your personal information by the LIV: to process your registration form; to contact you about our products and services; to disclose to third parties providing services to the LIV; and for internal purposes. For more information on our privacy policy visit [www.liv.asn.au/PrivPolicy](http://www.liv.asn.au/PrivPolicy). If you do not wish to receive further information of this type please contact us at [membership@liv.asn.au](mailto:membership@liv.asn.au) or 9607 9470. **Date of Issue:** 01/06/2020