

# FI - Worker Support Program Application

## Form Preview

### Before you start

\* indicates a required field

**Make sure you read the [program guidelines](#) or visit [Establishing the Great Koala National Park](#) website for more information.**

Forestry Industry Worker Support Program aims to provide short-term targeted financial support to eligible individuals.

- Up to \$9,000 is available for education and training expenses per approved individual and/or
- Up to \$45,000 is available for relocation expenses per approved individual, if they have moved to a new residence more than 50 kilometres away.
- Program funding is limited, and application will be considered in order of data received.

### Key Dates

- Applications open: 11 November 2025
- Applications close: Applications must be submitted within 12 months from the date redundancy is confirmed, or by 4pm on 7 March 2028, whichever occurs first.
- Claims close: Successful applicants may submit claims for eligible costs within 18 months from the date on which redundancy is confirmed, or by 4pm on 7 September 2028, whichever occurs first.

### Handy Hints

- If you have all documentation ready, the application should take approximately 30 minutes for you to complete.
- Ensure that your documents are scanned individually as they will need to be uploaded to specific sections throughout the form.
- Please note that the online form has file size restrictions (approx. 20MB total) for each attachment please ensure the file size is 2.5MB or less to avoid submission issues.
- If you need assistance with submitting your application, please contact NSW Fisheries and Forestry on 1800 678 593 or send email to [forestryindustrysupport@dpird.nsw.gov.au](mailto:forestryindustrysupport@dpird.nsw.gov.au).

## Instructions for Applicants

Application Number is your Case Number for future reference and claims.

Before completing this application form, you should have read the [program guidelines](#). Incomplete applications and/or applications received after the closing date will not be considered.

### Application Number

This field is read only.

## Document Checklist

# FI - Worker Support Program Application

## Form Preview

### **You will be required to upload a number of documents during this application.**

- A copy of your Employment Separation Certificate or equivalent letter of confirmation from your employer of your redundancy.
- Confirmation of your residential address in one of the eligible LGAs.
- Confirmation of your bank details, such as the front page of a bank statement showing the account name, BSB, and account number.

## Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the program Guidelines and has fully informed itself of the relevant program requirements.

## Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act.

## Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and

# FI - Worker Support Program Application

## Form Preview

- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

### Eligibility Confirmation

**To be eligible for the Forestry Industry Worker Support Program, you must meet the eligibility requirements set out in the [program guidelines](#) and summarised below:**

- You were an employee of a business with a wood supply agreement that was directly impacted by the announcement of a moratorium on timber harvesting within the proposed boundary of the Great Koala National Park
- You were made redundant within 18 months of the moratorium announcement and have been provided with an Employment Separation Certificate or other equivalent documentation confirming your redundancy from the impacted business
- You currently reside, or, at the time of the moratorium announcement, you resided in one of the eligible NSW North Coast local government areas (LGAs), including:
  - Ballina
  - Bellingen
  - Byron
  - Clarence Valley
  - Coffs Harbour
  - Kempsey
  - Kyogle
  - Lismore
  - Nambucca
  - Port Macquarie-Hastings
  - Richmond Valley
  - Tweed

Please refer to the [program guidelines](#) for detailed eligibility criteria.

### Declaration

Before applying for this program, you must confirm that you have read and understood the Program Guidelines for Forestry Industry Worker Support Program and are you eligible according to the criteria outlined in the Program Guidelines.

**I confirm that I am eligible according to the criteria outlined in the Program Guidelines \***

Yes

### About You

\* indicates a required field

# FI - Worker Support Program Application

## Form Preview

### I/We Declare

**I/we have read and understand the program guidelines. \***

Yes

**You are about to make an application for assistance from the NSW Government. Your application will be reviewed by our trained assessors. Applications are not auto-approved. Making false or misleading statements may be a criminal offence leading to penalties as well as causing delays in making payments to applicants who are in genuine need. \***

I understand and wish to continue with this application

### Completing this form

Please indicate who is completing this application form. Select 'Applicant' if the applicant is completing this form or select 'Case Officer' if the case officer is helping the Applicant to fill this form.

**Who is completing this application? \***

Applicant

Case Officer (on behalf of the Applicant)

### Details of Case Officer

The third-party details will need to be submitted to ensure authorisation has been provided by the applicant for sharing details with the assessment and claims processing team at DPIRD. Please note, the team at DPIRD may seek permission from the applicant to discuss this application with you.

**Organisation name \***

Organisation Name

**First name \***

**Last name \***

**Phone Number \***

+61

Must be an Australian phone number.

Landline: +61298721111 / Mobile: +61417000000

**Mobile number**

Must be an Australian Mobile number: +61417000000

# FI - Worker Support Program Application Form Preview

**Email \***

Please enter a valid email address

## Applicant Details

\* indicates a required field

Please provide basic information about the applicant and enter your primary address in the **Applicant Primary Address** field.

Commence typing and select your address from the dropdown list. If you cannot find your address, select 'Can't find your address?' link and input manually.

## Applicant Details

**Applicant Name \***

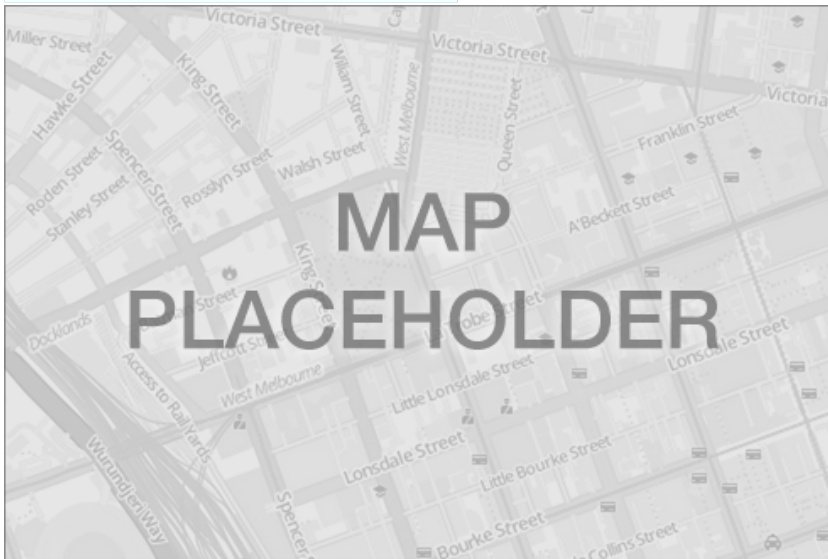
Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Applicant Primary Address**

Address

<input type="text"/>
<input type="text"/>



<input type="text"/>	<input type="text"/>
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**Applicant Postal Address**

# FI - Worker Support Program Application

## Form Preview

Address

**Applicant Primary Phone Number \***

Must be an Australian phone number.  
Country code not required, area code for landlines is required.

**Applicant Other Phone Number**

Must be an Australian phone number.  
Country code not required, area code for landlines is required.

**Applicant Email Address \***

Must be an email address.

**Applicant Website**

Must be a URL.

## Application Details

\* indicates a required field

**What would you like to apply for? \***

- Education and training expenses (up to \$9000 GST inclusive)
- Relocation expenses (up to \$45000 GST inclusive)
- Education and training expenses (up to \$9000 GST inclusive) and Relocation expenses (up to \$45000 GST inclusive)

Select one option

**Education and Training Expenses \***

9000

Enter the total amount for education and training expenses (up to \$9,000 GST inclusive). Must be a dollar amount and no more than \$9,000.

**Relocation Expenses \***

45000

Enter the total amount for relocation expenses (up to \$45,000 GST inclusive). Must be a dollar amount and no more than \$45,000.

# FI - Worker Support Program Application

## Form Preview

### Total Amount Requested \*

Total amount for education and training expenses AND/OR relocation expenses financial support requested

To be eligible for this funding, you must currently reside, or, at the time of the moratorium announcement, you resided in one of the eligible NSW North Coast local government areas (LGAs) below.

### Select your Local Government Area (LGA) \*

- Ballina
- Bellingen
- Byron
- Clarence Valley
- Coffs Harbour
- Kempsey
- Kyogle
- Lismore
- Nambucca
- Port Macquarie-Hastings
- Richmond Valley
- Tweed

### Funding information for internal reporting

The section below is for internal reporting only. The Title, Brief Description and the Anticipated start date and Anticipated end date is pre-filled.

Re-Enter your primary address in the **Primary location of your initiative** field. Commence typing and select your address from the dropdown list. If you cannot find your address, select 'Can't find your address?' link and input manually.

#### Title

#### Word count:

Text to remain 'FIWSP Worker financial support' as it is.

#### Brief description

Financial support for an employee of impacted mills and harvest operators following commencement of the moratorium on harvesting in the Great Koala National Park.

# FI - Worker Support Program Application Form Preview

**Word count:**

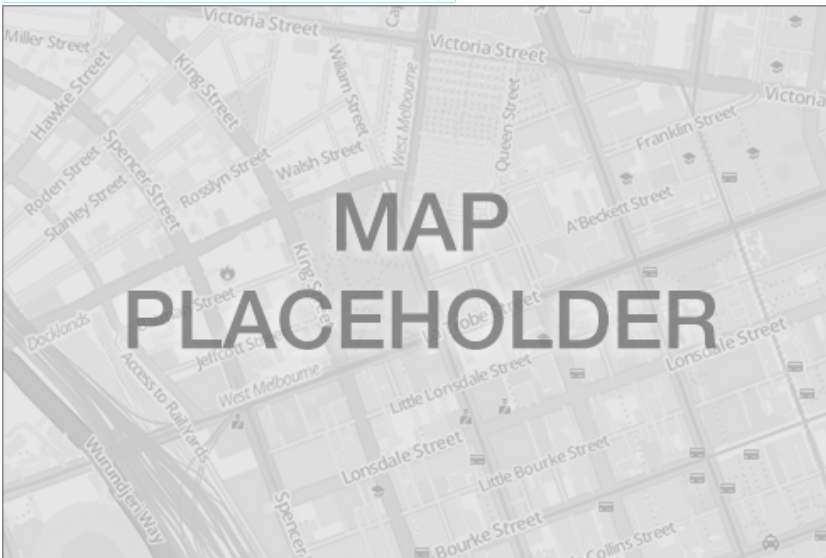
Text to remain 'Financial support for an employee of impacted mills and harvest operators following commencement of the moratorium on harvesting in the Great Koala National Park' as it is.

**Anticipated start date**

**Anticipated end date**

**Primary location of your initiative**

Address

Primary location does not need to be a specific address, and can be postcode, suburb, state (NSW), etc. You must be employed by an impacted business and live in one of the eligible North Coast local government areas at the time of the moratorium announcement (7 September 2025)

## Supporting Documents

\* indicates a required field

### Evidence of your employment separation

You must be an employee of a business that was directly impacted by the announcement of the moratorium on timber harvesting within the proposed boundary of the Great Koala National Park; and you were made redundant within 18 months of the moratorium announcement.

# FI - Worker Support Program Application

## Form Preview

### **Upload a copy of your employment separation certificate or equivalent letter confirming your redundancy from the impacted business \***

Attach a file:

Please ensure file sizes are 2.5MB or less.

### Evidence to confirm LGA eligibility

Eligible LGA include Ballina, Bellingen, Byron, Clarence, Valley, Kempsey, Coffs Harbour, Kyogle, Lismore, Nambucca, Port Macquarie-Hastings, Richmond Valley and Tweed

### **Upload your residential address supporting document to confirm Local Area Government (LGA) eligibility \***

Attach a file:

This may include copy of your current Local Government Area rates notice, lease agreement for the property where you are Lessee. Please ensure file sizes are 2.5MB or less.

### Additional Supporting documentation

This section is optional. Please provide any relevant documentation or comments relevant to support your application.

### **Please upload any other relevant documentation/information, including evidence of termination**

Attach a file:

### **Comments (if any)**

Any comments about your application you would like the Assessment Officer to know

## Bank Details

\* indicates a required field

Please provide the bank account details that you wish to receive payments to if your application is approved.

### **Applicant Bank Account \***

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

# FI - Worker Support Program Application

## Form Preview

**Please provide a recent bank statement of the account you would use to receive the grant funding if you are successful. \***

Attach a file:

You do not have to show transaction details, however, the statement must:

- Be for an account in the name of the applicant
- Clearly show the BSB, account number and name of the account holder
- Be a statement on financial institution letterhead
- Not be an online transaction list

## Declaration and Authorisation

\* indicates a required field

The Applicant represents and warrants that this application has been submitted by the applicant or an authorised representative of the Applicant.

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I have read and understood the program guidelines, including each of the acknowledgements, agreements and representations provided and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid.

## Authorisation

**I agree \***

Yes

**Name of authorised person \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a senior staff member, board member or appropriately authorised volunteer

# FI - Worker Support Program Application

## Form Preview

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Email \***

Must be an email address.

### Authorisation to Share Personal Information

**I consent to my contact details being shared with an approved third party training support provider ETC (Enterprise and Training Company Limited) for the purpose of offering me additional training assistance and job support. I understand the provider may contact me directly and that I may withdraw this consent at any time.**

- Yes  
 No

### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**How did you find the online application process?**

- Very easy     Easy     Neutral     Difficult     Very difficult

**How many minutes in total did it take you to complete this application?**

Estimate in minutes i.e. 1 hour 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

GMS-SGI/2025 v2.0