

# Career Transition Assistance Application

• PACMAN Chapter 2, Part 2 refers

## Part A - To be completed by the member

<b>Personal details</b>						
PMKeyS ID	Rank	Family name	Given name(s)	Service		
Unit		Category, corps or mustering	Date of enlistment	Termination date		
Home phone number	Mobile phone number	Fax number	Email address			
Mailing address for correspondence			<b>Termination type</b> ( <i>Tick appropriate box</i> ) <input type="checkbox"/> Own request <input type="checkbox"/> Medical <input type="checkbox"/> Other <div style="margin-left: 20px;">↓</div> <div style="border: 1px solid black; padding: 2px; width: 100%;">Specify</div>			
Proposed termination occupation			Previous recognised full time ADF service Date from <input style="width: 100px;" type="text"/> Date to <input style="width: 100px;" type="text"/>			
<b>Details of requested Career Transition Training (CTT), Career Transition Management Coaching (CTMC), On Job Experience (OJE), Approved Absence (AA), CV Coaching (CV) and Financial Counselling (FC).</b>						
Activity <small>(CTT, CTMC, OJE, AA, CV, FC)</small>	Provider	Course name (CTT) or nature of experience (OJE)	Date from	Date to	No. Days approved absence	Cost
The member must provide a statement in support of this application. This statement must contain details of the member's post termination career aspirations, the essentiality of the requested training and any previous training and/or relevant experience. Essentiality relates to qualifications and training that reinforce a member's competitiveness within a broad employment spectrum; not to help with a specific job or employer. A member who has secured suitable employment is deemed to be successfully transitioned and has no entitlement to Career Transition Training.						
<b>Member's supporting statement</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>						
<b>Attachments</b>						
<input type="checkbox"/> Termination confirmation/Copy of AC 853		<input type="checkbox"/> Confirmation of MEC4 status				
<input type="checkbox"/> Course literature (CTT)		<input type="checkbox"/> Letter of offer (OJE)				
<input type="checkbox"/> Written quotation (CTT, CTMC, CV and FC)		<input type="checkbox"/> Itinerary and costing (Travel)				
I apply for Career Transition Assistance according to the above. I have read and understood PACMAN Chapter 2, Part 2. True and accurate supporting documents are attached.						
Signature			Work phone number		Date	

**Note:** Some CTAS benefits are subject to Fringe Benefits Tax (FBT). Members are advised to consult Centrelink, their tax accountant, the Defence Tax Management Office (DTMO) and the FBT Manual Chapter 6 to identify the financial impact of receiving benefits under CTAS.

**Part B - To be completed by the member's supervisor**

*(Forward to resettlement officer for action and update of member's records)*

This application is:				
<input type="checkbox"/> Supported				
<input type="checkbox"/> Not supported				
Comments				
Signature	Printed name	Rank	Phone number	Date

**Part C - To be completed by ship or unit resettlement officer (if applicable) or resettlement officer**

<i>(Tick appropriate box)</i>				
Recommended <input type="checkbox"/> If 'Recommended', member is eligible under:				
<input type="checkbox"/> CTA Level 1 (0-12 years)				
<input type="checkbox"/> CTA Level 2 (12-18 years)				
<input type="checkbox"/> CTA Level 3 (18+ years, Medical, Redundancy)				
Not recommended <input type="checkbox"/>				
<i>(please comment below)</i>				
Comments				
Signature	Printed name	Rank	Phone number	Date

**Part D - To be completed by resettlement officer or EOCTA (Not for use by unit resettlement officer)**

<i>(Tick appropriate box)</i>			
CTT	CTMC	OJE	AA
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
<input type="checkbox"/> Not approved	<input type="checkbox"/> Not approved	<input type="checkbox"/> Not approved	<input type="checkbox"/> Not approved
Amount	Amount	Number of days	Number of days
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
CV	FC	Travel <i>(CTA L3 only)</i>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	
<input type="checkbox"/> Not approved	<input type="checkbox"/> Not approved	<input type="checkbox"/> Not approved	
Amount	Amount	Amount	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
Comments			
Signature	Printed name	Rank	Phone number
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> Entered into PMKeyS		<input type="checkbox"/> Claim entered into ROMAN	
Signature	Date	Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>