## Teachers' Locality Allowance Claim Form

**1 IDENTIFICATION:** (Please use block letters)

- **SERIAL NO.**
- **NAME**
  - Surname
  - Given name/s
- **SCHOOL AND CODE**
- **DISTRICT**
- **DATE OF APPOINTMENT TO SCHOOL:** /

**2 MARITAL STATUS:** (Please tick appropriate box/es)

- **MARRIED / DE FACTO**
- **SINGLE / WIDOWED / DIVORCED / SEPARATED**

If married / de facto, please complete further details as follows:

- **NAME OF SPOUSE / PARTNER**
  - Surname
  - Given name/s
- **OCCUPATION OF SPOUSE / PARTNER**
  - **TEACHER (NSW Government school)**
    - Spouse/Partner's Serial No.
  - **NOTE:** Each eligible party must complete a separate TLA Form

**3 DEPENDENT CHILDREN:** (Please tick appropriate box)

- **Yes** (Please provide details. Attach additional information if necessary)
- **No**

1. **FIRST GIVEN NAME**
   - DATE OF BIRTH /
2. **FIRST GIVEN NAME**
   - DATE OF BIRTH /
3. **FIRST GIVEN NAME**
   - DATE OF BIRTH /
4. **FIRST GIVEN NAME**
   - DATE OF BIRTH /
5. **FIRST GIVEN NAME**
   - DATE OF BIRTH /

**4 DATE OF EFFECT:**

To be inserted only when this form is being submitted due to a change in personal circumstances.

- **DATE OF EFFECT:** /

**5 TEACHERS DECLARATION:**

I declare that the information above it true and correct in every detail. Further, I agree to notify the Department of Education & Training immediately, by way of a new TLA form, if a change of personal circumstances should alter any of the information supplied herein.

- **SIGNATURE**
- **DATE** /

The information provided on this form is being obtained for the purpose of determining the rate of locality allowance payable. It will be stored securely by the Department of Education and Training and will not be provided to other persons and/or agencies. Provision of this information is voluntary. If you do not provide all or any of this information then a base rate of allowance only will be paid. You may amend or correct any personal information provided at any time by completing a new TLA form.