# Title

Maximum of 55 characters (including spaces).

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# Summary

Maximum of 150 characters (including spaces).

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# Body

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| Introduction |
| Describe who should complete this form and the purpose of the form.**Example**Complete this form if you:* want to request a cost-of-living payment
* are a Queensland Government employee
* have worked in your agency for more than 12 months.

(H2) Before you begin (H2)Describe what users need to complete the form. **Example**You need your: * cost centre
* employee details
* approver details.

(H2) After you submit (H2)Describe what happens after the user completes the form.**Example**You will receive an email confirmation that you have completed this form. The nominated agency will receive your submission and complete your request. The nominated agency will respond to your request within 2 working days. |
| Eligibility (optional) |
| If you need restrict who can submit your form, add your eligibility questions.(H2) Eligibility (H2)(optional)ExampleHave you changed agencies in the last 12 months? \* (Radio button)* Yes
* No
 |
| If ‘Yes’ is selected for ‘Have you changed agencies in the last 12 months?’, show the following. |
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|  | If you have changed agencies in the last 12 months, you are not eligible for a cost-of-living payment. Speak to your agencies HR team for help. |

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| If ‘No’ is selected for ‘Have you changed agencies in the last 12 months?’, show the following. |
| User details |
| Collect the minimum amount of information you need about the user to complete the request.(H2) Your details (H2)Example\* First name (Small text field) \* Last name (Small text field) \* Email (email field)   |
| If ‘**No’** is selected for ‘**Have you changed agencies in the last 12 months?**’, show the following. |
| Request details |
| Collect the minimum information you need from the user to complete the request.(H2) Request details (H2)ExampleWhat do you want to do? \* (Radio button field)* Apply for a cost-of-living payment
* Extend a cost-of living payment
* Cancel a cost-of-living payment
 |
| If ‘**Apply for a cost-of-living payment**’ is selected for ‘**What would you like to do?**’, show the following. |
| Start date \*  (Date field selector) Tool tip: Use dd-mm-yyyy (Use tool tips to help users complete more difficult fields).**(H3)** Alerts **(H3)**Use alerts to indicate to help provide outcome instructions to your user.

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|  | Use red for a stop. The user cannot progress. |

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|  | Use orange for a warning. Encourage the user to do something before continuing. |

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|  | Use blue for information. Notify the user know of help content that relates to what they are doing. |

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|  | Use green for a positive outcome. For example, we will send these to you.  |

 |
| If (‘**Apply for a cost-of-living payment**’ ***OR*** ‘**Extend a cost-of-living payment**’ is selected for ‘**What do you want to do?**’) ***AND*** (**Starte date** is more than 12 months in the future), show the following. |
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|  | You cannot request a cost-of-living payment with a start date more than 12 months from today’s date. |

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| If (‘**Apply for a cost-of-living payment’** ***OR*** ‘**Extend a cost-of-living paymen**t’ is selected for ‘**What do you want to do?**’) ***AND*** (**Starte date** is less than 12 months in the future), show the following. |
| Upload your hardship notice \* (Attachment field)

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| * Drop files to attach, or browse
 |

 |
| Show for all. |
| Previous cost-of-living taken

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| Start date \* (Date field) | End date \* (Date field) | Payment type (Text field) |  |
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| Show for all. |
| Approver details (optional) |
| Collect the minimum amount of information you need about the approve to complete the request.(H2) Approver details (H2)Example\* First name (Small text field) \* Last name (Small text field) \* Email (email field)  |
| Show for all. |
| Privacy |
| (H2) Your privacy (H2)See our privacy statement to find out how we handle and protect your personal information. |
| Show for all. |
| Submission |
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# Form success page

Detail what should happen next. For example, you will receive a confirmation email that contains the next steps.

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| **Example**Thanks for submitting the Cost-of-living payment form.Your nominated approver will receive an email shortly with a link to approve the form.Once they approve the request, you’ll receive an email confirming approval and information outlining next steps. |

# Completion email to submitter

Let the user know what they need to do or what will happen next.

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| --- | --- |
| **To:** | Submitters’ email address |
| **Subject line:**   | Submission for cost-of-living payment |
| **Body:** | Hi [Submitter first name] You’ve successfully submitted a Cost-of-living payment form. This request has been sent to your nominated approver. Once they approve the request, you’ll receive an email to confirming approval and outlining next steps. |

# Approval email to approver (optional)

Let the user know what they need to do or what will happen next.

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| **To:** | Approver’s email address |
| **Subject line:**  | Approval required for Cost-of-living payment form  |
| **Body:** | Hi [Approver first name][Submitter full name] has nominated you to approve their Cost-of-living payment form.Approve the request by |

Approval email to submitter (optional)

Let the user know what they need to do or what will happen next.

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| **To:****CC:** | Submitters’ email Manager email |
| **Subject line:**  | Approval for Cost-of-living payment form |
| **Body content:**  | Hi [Submitter first name][Approver full name] has approved your Cost-of-living payment form.The [Department name] will completed your request and notify you of the outcome. |

# Key words

List key search terms and phrases. Separate with commas.

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# Available for company

Select which agencies this content applies to or leave blank for all.

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| [ ]  Agriculture and Fisheries (DAF)[ ]  Children Safety, Deniors and Disability Services (DCSSDS)[ ]  CITEC[ ]  Education and Training (DET)[ ]  Electoral Commission Queensland (ECQ)[ ]  Employment, Small Business and Training (DESBT)[ ]  Energy and Climate (DEC)[ ]  Environment, Science and Innovation (DESI)[ ] Housing, Local Government, Planning and Public Works (DHLGPPW)[ ]  Inspector-General Emergency Management (IGEM)[ ]  Justice and Attorney-General (JAG)[ ]  Legal Aid Queensland (LAQ)[ ]  Office of Industrial Relations (OIR)[ ]  Premier and Cabinet (DPC)[ ]  Public Service Commission (PSC)[ ]  Public Trust[ ]  Queensland Ambulance Service (QAS)[ ]  Queensland Audit Office (QAO)[ ]  Queensland Building and Construction Commission (QBCC)[ ]  Queensland Corrective Services (QCS)[ ]  Queensland Fire Department (QFD)[ ]  Queensland Government Customer and Digital Group (QGCDG)[ ]  Queensland Health (QH)[ ]  Queensland Human Rights Commission (QHRC)[ ]  Queensland Police Service (QPS)[ ]  Queensland Shared Services (QSS)[ ]  Queensland Treasury (QT)[ ]  Regional Development, Manufacturing and Water (DRDMW)[ ]  Resources (DRES)[ ]  Smart Services Queensland (SSQ)[ ]  State Development and Infrastructure (DSDI)[ ]  Tourism and Events Queensland (TEQ)[ ]  Tourism and Sport (DTS)[ ]  Transport and Main Roads (TMR)[ ]  Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA)[ ]  Youth Justice (YJ) |

# Subject matter expert

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| Reviewers |  |  |
| Date |  |

# Customer reviewed

|  |  |
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| Reviewed | [ ]  Yes[ ]  No |
| Date |  |

# Editor

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Business unit |  |

# Director or equivalent approval

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Position |  |
| Business unit |  |