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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | |
| Before you fill in the form Before you begin, check if you’re eligible.  For a complete list of the eligibility criteria and conditions for each scheme, go to the NT Government website[[1]](#footnote-1).  Use this form to apply for any of the below:   * boarding intrastate and interstate allowance * conveyance subsidy * distance education allowance. | | | | | | | | | | | | | | | | | | | | | | |
| Fields marked with an asterisk (\*) are required. | | | | | | | | | | | | | | | | | | | | | | |
| Checklist of documents you will need | | | | | | | | | | | | | | | | | | | | | | |
| Supporting documentation listed below must accompany your application each year.  If you fail to provide them, your application will be returned to you. | | | | | | | | | | | | | | | | | | | | | | |
| **Proof of residency** | | | | | | | | | | | | | | | | | | | | | | |
| You must provide proof of residency if you:   * are applying for the first time for the student assistance schemes, or * have recently changed address.   The supporting documentation must show your residential address and not a postal box address.  You must attach at least one of the supporting documents from the list below. | | | | | | | | | | | | | | | | | | | | | | |
| Current NT driver licence | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Statutory declaration stating that you are a resident of that community; signed by a local police officer, council representative or other local community organisation - note: witness needs to print name and contact details on statutory declaration | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Utilities account - e.g. telephone or electricity | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Residential rates notice | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Letter from the Electoral Commission stating your voting ward | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Correspondence letter from a financial institution | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| **Mandatory supporting documents** | | | | | | | | | | | | | | | | | | | | | | |
| Copy of each applicant’s NT driver licence | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Map the journey undertaken by private vehicle by detailing all roads and highways travelled  - required if you transport a student to and from school, either on a daily or periodic basis, such as conveyance, School of the Air functions or boarding school | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Copy of the student’s Centrelink AIC, Distance Education or Basic Boarding Allowance Statement (except for the NT Conveyance Subsidy Scheme – not required) | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Complete the unattested declaration – section 6 of this form titled ‘private vehicle use | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Students boarding in the NT are required to provide a statement of boarding fees covering the intended claim period | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Details of any other financial or fares assistance received from any other source | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Section 1 – applicant details | | | | | | | | | | | | | | | | | | | | | | |
| **Parent or guardian 1** | | | | | | | | | | | | | | | | | | | | | | |
| Given name \* | | |  | | | | | | | | | Middle name\* | | |  | | | | | | | |
| Family name \* | | |  | | | | | | | | | Preferred name \* | | |  | | | | | | | |
| Daytime ph number \* | | | | |  | | | | | | | Mobile | | |  | | | | | | | |
| Email address \* | | | | |  | | | | | | | | | | | | | | | | | |
| Residential address \* | | | | |  | | | | | | | | | | | | Postcode | | | |  | |
| Postal address | | | | |  | | | | | | | | | | | | Postcode | | | |  | |
| Occupation | | | | |  | | | | | | | | | | | | | | | | | |
| Employer – business name | | | | | | |  | | | | | | | | | | | | | | | |
| Business residential address | | | | | | |  | | | | | | | | | | | | | | | |
| Employer phone number | | | | | | |  | | | | | | | | | | | | | | | |
| Parent or guardian 2 | | | | | | | | | | | | | | | | | | | | | | |
| Given name \* | | |  | | | | | | | | | Middle name\* | | |  | | | | | | | |
| Family name \* | | |  | | | | | | | | | Preferred name \* | | |  | | | | | | | |
| Daytime ph number \* | | | | |  | | | | | | | Mobile | | |  | | | | | | | |
| Email address \* | | | | |  | | | | | | | | | | | | | | | | | |
| Residential address \* | | | | |  | | | | | | | | | | | | Postcode | | | |  | |
| Postal address | | | | |  | | | | | | | | | | | | Postcode | | | |  | |
| Occupation | | | | |  | | | | | | | | | | | | | | | | | |
| Employer – business name | | | | | | |  | | | | | | | | | | | | | | | |
| Business residential address | | | | | | |  | | | | | | | | | | | | | | | |
| Employer phone number | | | | | | |  | | | | | | | | | | | | | | | |
| Section 2 – student/s details  Complete for each student to be enrolled | | | | | | | | | | | | | | | | | | | | | | |
| 1st student | | | | | | | | | | | | | | | | | | | | | | |
| First name | |  | | | | | | | | | Given name  As on birth certificate | | | | |  | | | | | | |
| Family name | |  | | | | | | | | | | | | | | | | | | | | |
| Gender select one | | | | | | Male / Female / Other | | | | | | | | | | | | | | | | |
| Date of birth  DD/MM/YY | | | | | |  | | | | | Year or grade enrolled this year | | | | | | | |  | | | |
| Name of school or institution attending this year  If studying by correspondence, give details or school supervising lessons | | | | | | | | |  | | | | | | | | | | | | | |
| Address of school or institution | | | | | | | | |  | | | | | | | | | | | | | |
| Level of study | | | | Pre-school | | |  | | Transition | |  | | Primary |  | Middle | | |  | | Senior | |  |
| Is the student receiving assistance for isolated children (AIC)? | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| If yes, provide a copy of AIC distance education statement. This is not required for the Conveyance Subsidy Scheme | | | | | | | | | | | | | | | | | | | | | | |
| Is the student receiving Youth Allowance? | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| If yes, provide a copy of Youth Allowance statement | | | | | | | | | | | | | | | | | | | | | | |
| Is the student receiving ABSTUDY? | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| If yes, provide a copy | | | | | | | | | | | | | | | | | | | | | | |
| Total amount of allowances received this year | | | | | | | | | | | | | | | | | | | | $ | | |
| Is the student required to board away from home this year? | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| If yes, provide a copy of AIC – boarding statement | | | | | | | | | | | | | | | | | | | | | | |
| Total base accommodation boarding fees, per student (excluding additional fees such as tutorial, excursions and discounts) | | | | | | | | | | | | | | | | | | | | | | |
| You must attach proof of fees | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Student’s term address  If same as above, write ‘as above’ | | | | | | | |  | | | | | | | | | | | | | | |
| Does your child have a diagnosed disability? | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| Date student started school this year  DD/MM/YY | | | | | | | | | |  | | | | | | | | | | | | |
| Do you make a special journey to take the student to the nearest bus stop or school on a daily basis?  If you transport the student on the way to or from your place of employment or other, you are ineligible to claim this entitlement | | | | | | | | | | | | | | | | | | | | Yes/No | | |
| If yes, attach a map | | | | | | | | | | | | | | | | | | | | | | |
| Number of kilometres (each way) from home to the nearest bus stop, or school | | | | | | | | | | | | | | | | | | | |  | | |
| Number of trips made solely to take the student to and from the nearest bus stop or school per day  E.g. 4 trips per day - home to school & return home (drop-off student) and home to school and return home (collect the student) | | | | | | | | | | | | | | | | | | | |  | | |
| Comments  Provide additional information below to support this application. | | | | | | | | | | | | | | | | | | | | | | |
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| 2nd student | | | | | | | | | | | | | | | | |
| First name |  | | | | | | | Given name  As on birth certificate | | | |  | | | | |
| Family name |  | | | | | | | | | | | | | | | |
| Gender select one | | | Male / Female / Other | | | | | | | | | | | | | |
| Date of birth  DD/MM/YY | | |  | | | | | Year or grade enrolled this year | | | | | |  | | |
| Name of school or institution attending this year  If studying by correspondence, give details or school supervising lessons | | | | | |  | | | | | | | | | | |
| Address of school or institution | | | | | |  | | | | | | | | | | |
| Level of study | | Pre-school | |  | | Transition | |  | Primary |  | Middle | |  | | Senior |  |
| Is the student receiving assistance for isolated children (AIC)? | | | | | | | | | | | | | | | Yes/No | |
| If yes, provide a copy of AIC distance education statement. This is not required for the Conveyance Subsidy Scheme | | | | | | | | | | | | | | | | |
| Is the student receiving Youth Allowance? | | | | | | | | | | | | | | | Yes/No | |
| If yes, provide a copy of Youth Allowance statement | | | | | | | | | | | | | | | | |
| Is the student receiving ABSTUDY? | | | | | | | | | | | | | | | Yes/No | |
| If yes, provide a copy | | | | | | | | | | | | | | | | |
| Total amount of allowances received this year | | | | | | | | | | | | | | | $ | |
| Is the student required to board away from home this year? | | | | | | | | | | | | | | | Yes/No | |
| If yes, provide a copy of AIC – boarding statement | | | | | | | | | | | | | | | | |
| Total base accommodation boarding fees, per student (excluding additional fees such as tutorial, excursions and discounts) | | | | | | | | | | | | | | | | |
| You must attach proof of fees | | | | | | | | | | | | | | | Yes/No | |
| Student’s term address  If same as above, write ‘as above’ | | | | |  | | | | | | | | | | | |
| Does your child have a diagnosed disability? | | | | | | | | | | | | | | | Yes/No | |
| Date student started school this year  DD/MM/YY | | | | | | |  | | | | | | | | | |
| Do you make a special journey to take the student to the nearest bus stop or school on a daily basis?  If you transport the student on the way to or from your place of employment or other, you are ineligible to claim this entitlement | | | | | | | | | | | | | | | Yes/No | |
| If yes, attach a map | | | | | | | | | | | | | | | | |
| Number of kilometres (each way) from home to the nearest bus stop, or school | | | | | | | | | | | | | | |  | |
| Number of trips made solely to take the student to and from the nearest bus stop or school per day  E.g. 4 trips per day - home to school & return home (drop-off student) and home to school and return home (collect the student) | | | | | | | | | | | | | | |  | |
| Comments  Provide additional information below to support this application. | | | | | | | | | | | | | | | | |
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| 3rd student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name | | | |  | | | | | | | | | | | Given name  As on birth certificate | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Family name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender select one | | | | | | | | Male / Female / Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth  DD/MM/YY | | | | | | | |  | | | | | | | Year or grade enrolled this year | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Name of school or institution attending this year  If studying by correspondence, give details or school supervising lessons | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of school or institution | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level of study | | | Pre-school | | | | |  | | Transition | | | |  | | Primary | | | | | |  | | | | Middle | | | | |  | | | | | | | | | | Senior | |  | |
| Is the student receiving assistance for isolated children (AIC)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy of AIC distance education statement. This is not required for the Conveyance Subsidy Scheme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the student receiving Youth Allowance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy of Youth Allowance statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the student receiving ABSTUDY? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total amount of allowances received this year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | |
| Is the student required to board away from home this year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy of AIC – boarding statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total base accommodation boarding fees, per student (excluding additional fees such as tutorial, excursions and discounts) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You must attach proof of fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| Student’s term address  If same as above, write ‘as above’ | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have a diagnosed disability? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| Date student started school this year  DD/MM/YY | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you make a special journey to take the student to the nearest bus stop or school on a daily basis?  If you transport the student on the way to or from your place of employment or other, you are ineligible to claim this entitlement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, attach a map | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of kilometres (each way) from home to the nearest bus stop, or school | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Number of trips made solely to take the student to and from the nearest bus stop or school per day  E.g. 4 trips per day - home to school & return home (drop-off student) and home to school and return home (collect the student) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Comments  Provide additional information below to support this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4th student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name | | | |  | | | | | | | | | | | Given name  As on birth certificate | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Family name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender select one | | | | | | | | Male / Female / Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth  DD/MM/YY | | | | | | | |  | | | | | | | Year or grade enrolled this year | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Name of school or institution attending this year  If studying by correspondence, give details or school supervising lessons | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of school or institution | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level of study | | | | | Pre-school | | | |  | | | Transition | | |  | | Primary | | | | | |  | | | | Middle | | | | |  | | | | | | | | Senior | | |  | |
| Is the student receiving assistance for isolated children (AIC)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy of AIC distance education statement. This is not required for the Conveyance Subsidy Scheme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the student receiving Youth Allowance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy of Youth Allowance statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the student receiving ABSTUDY? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total amount of allowances received this year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | |
| Is the student required to board away from home this year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy of AIC – boarding statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total base accommodation boarding fees, per student (excluding additional fees such as tutorial, excursions and discounts) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You must attach proof of fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| Student’s term address  If same as above, write ‘as above’ | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have a diagnosed disability? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| Date student started school this year  DD/MM/YY | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you make a special journey to take the student to the nearest bus stop or school on a daily basis?  If you transport the student on the way to or from your place of employment or other, you are ineligible to claim this entitlement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, attach a map | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of kilometres (each way) from home to the nearest bus stop, or school | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Number of trips made solely to take the student to and from the nearest bus stop or school per day  E.g. 4 trips per day - home to school & return home (drop-off student) and home to school and return home (collect the student) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Comments  Provide additional information below to support this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5th student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name | | | |  | | | | | | | | | | | Given name  As on birth certificate | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Family name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender select one | | | | | | | | Male / Female / Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth  DD/MM/YY | | | | | | | |  | | | | | | | Year or grade enrolled this year | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Name of school or institution attending this year  If studying by correspondence, give details or school supervising lessons | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of school or institution | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level of study | | | | Pre-school | | | | |  | | | Transition | | |  | | Primary | | | | | |  | | | | Middle | | | | |  | | | | | | | | Senior | | | |  |
| Is the student receiving assistance for isolated children (AIC)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy of AIC distance education statement. This is not required for the Conveyance Subsidy Scheme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the student receiving Youth Allowance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy of Youth Allowance statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the student receiving ABSTUDY? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total amount of allowances received this year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | |
| Is the student required to board away from home this year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, provide a copy of AIC – boarding statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total base accommodation boarding fees, per student (excluding additional fees such as tutorial, excursions and discounts) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You must attach proof of fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| Student’s term address  If same as above, write ‘as above’ | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have a diagnosed disability? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| Date student started school this year  Provide as (DD/MM/YY) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you make a special journey to take the student to the nearest bus stop or school on a daily basis?  If you transport the student on the way to or from your place of employment or other, you are ineligible to claim this entitlement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, attach a map | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of kilometres (each way) from home to the nearest bus stop, or school | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Number of trips made solely to take the student to and from the nearest bus stop or school per day  E.g. 4 trips per day - home to school & return home (drop-off student) and home to school and return home (collect the student) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Comments  Provide additional information below to support this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 3 – order to pay another person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This section is to be completed by an applicant who wishes to re-direct the payment of allowances to a third party.  • A new order is required each year.  • Payments made under this order are deemed to be payments made to the applicant as per section 1 of this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select which allowances are to be paid to a third party | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boarding within the NT | | | | | | | | Yes/No | | | | | Tertiary fares reimbursement | | | | | | | | | | | | | | | | Yes/No | | | | | | | | | | | | | | | |
| Boarding interstate | | | | | | | | Yes/No | | | | | Distance Education | | | | | | | | Yes/No | | | | | | | | Conveyance | | | | | | | | | | | | | Yes/No | | |
| Details of third party payee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the third party doesn’t have an existing vendor or payment record with the NT Government, they may need to fill in the vendor creation form[[2]](#footnote-2). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School or institution (if applicable) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given name | | | |  | | | | | | | | | | | Family name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Postal address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Postcode | | | | | | | | | | |  | | | | | |
| Third party’s bank details (without dashes or spaces) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of financial institution | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Branch | | | | | | |  | | | | | | | | | |
| BSB number | | | |  | | | | | | | | | | | Account number | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Authority – I hereby authorise the NT Government to pay the allowances indicated under ‘details of third party payee’ of this form to the payee for the applicable year of entitlement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of parent or guardian 1 | | | | | | |  | | | | | | | | | | | | | | | | | | Date DD/MM/YY | | | | | | | | | | |  | | | | | | | | |
| Signature of parent or guardian 2 | | | | | | |  | | | | | | | | | | | | | | | | | | Date DD/MM/YY | | | | | | | | | | |  | | | | | | | | |
| Section 4 - applicant declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I or we declare that I or we have been permanent residents of the NT since the dates below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of parent or guardian 1 | | | | | |  | | | | | | | | | | | | | Permanent resident since DD/MM/YY | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Name of parent or guardian 2 | | | | | |  | | | | | | | | | | | | | Permanent resident since DD/MM/YY | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Conditions of student assistance**  I or we have completed the application form and attached all relevant documents in support of this application.  I or we have read and understood this application form and the NT Government student assistance guidelines and procedures, and I or we accept if the conditions of eligibility are not met, I or we may not be entitled to receive or retain any student assistance payments made.  Should I or we be eligible to receive benefits under the NT Student Assistance Scheme on behalf of any student detailed on this form, I or we will immediately notify Student Assistance – Financial Services via email [StudentAssistance.det@education.nt.gov.au](mailto:StudentAssistance.det@education.nt.gov.au) if the student(s):   * changes his or her permanent address * ceases to live away from home to attend school or educational institution on a daily basis * transfers from one school or educational institution to another * receives financial assistance from sources other than the NTG Student Assistance Scheme * is being conveyed using an NTG or company vehicle * is absent (for any reason) for a total of more than 20 days in a term * is no longer in my or our custody, or I or we no longer have financial responsibility for the student(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Conditions of payments**  In the event of an overpayment, the allowance amount immediately becomes a debt due and payable to Department of Education (DoE). I or we agree to repay the total amount owing to DoE in full within 21 days of being notified or becoming aware of the overpayment.  I or we understand that I or we may apply, within 21 days of being notified or becoming aware of an overpayment, to repay the debt by way of instalments. Such an application may be accompanied by further information or supporting documents evidencing financial hardship, DoE will determine whether in all circumstances the amount and frequency of the payments is sufficient to repay the debt in a timely manner.  If an agreement in relation to repayment cannot be reached, I or we authorise DoE to deduct from one or more future payments of the allowance, or any future allowance that I or we may receive, such an amount as DoE considers appropriate until the amount of overpayment has been recovered in full.  I or we understand that in the event that no further payments of the allowance are due to be paid by DoE, I or we must repay any amounts outstanding to DoE.  I or we understand where an overpayment has not been recovered in full by the end of a calendar year, DoE may refuse to accept any subsequent application for the allowance from me or us until such a time as the outstanding amount has been paid. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Declaration of the applicant**  I or we give the NT Government authority to obtain or verify any information relevant to this application from any organisation or individual. I or we also authorise my or our employer(s) to release any of my or our personal information relating to my or our employment status, income, allowances and subsidies to the NT Government.  I or we authorise Commonwealth Centrelink to release to the NT Government information relevant to my application in order to determine eligibility for assistance under the NT Student Assistance Schemes.  I or we declare that I or we have read and accepted the above conditions and the particulars set out in this application are true and correct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of parent or guardian 1 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |  | | | | | | |
| Signature of parent or guardian 2 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |  | | | | | | |
| Section 5 – privacy statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Education (DoE) is bound by the information privacy principles[[3]](#footnote-3), which form part of the *Information Act 2002* [[4]](#footnote-4)(NT).  This privacy statement may from time to time, be reviewed and updated to take into account new laws and technology as well as changes to operations and practices of DoE. This is to ensure that it remains appropriate for the changing education environment.  The information that you provide in this form will be used to determine your eligibility for, and provide payments and services to you and, where relevant, third parties, such as other family members, within the guidelines of the Northern Territory Student Assistance Schemes (the Scheme).  In certain circumstances, your personal information may be supplied by a third party. This could include a medical report or information provided by another division of DoE (for example, Inclusion, Wellbeing, Programs and Services (IWPS) or the student’s educational institution). Information may also be supplied from Centrelink (for example, the Family Assistance Office).  If the required information is not supplied, then your eligibility for the Student Assistance scheme may not be able to be assessed.  Information provided to DoE is protected against loss, misuse, unauthorised access or disclosure by the use of secure floors, lockable filing cabinets and password protected access to computer files.  DoE may disclose some of the personal information that it has collected to other divisions of the Department (for example, Inclusion, Wellbeing, Programs and Services (IWPS) and the student’s educational institution).  An individual has the right to access any personal information which DoE holds about them by making a request in writing to the Department. DoE should then be advised of any perceived inaccuracy.  If you require any further information with respect to DoE obligations in relation to protecting your privacy, see our privacy policy[[5]](#footnote-5), or contact the DoE Resolution Unit on (08) 8999 5967.  By signing below, I or We have read and understood the above privacy statements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 6 – private vehicle use (unattested statutory declaration) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This is an unattested statutory declaration under the *Oaths, Affidavits and Declarations Act 2010*.  Note for section 21 of the Act. An unattested declaration does not have to be witnessed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Name and address of the person or persons making the declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I or we | |  | | | | | | | | | | | | | Of | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) The matter declared | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that I or we use the nominated vehicle (detailed below) for private use to at least equal, or in excess of kilometres claimed for financial assistance under one or more of the NT Government Student Assistance Schemes as follows:  • NT Conveyance Subsidy Scheme  • NT Student Travel  • NT Mid-Term Travel  • NT Remote Area Travel  • NT Schools of the Air Functions Allowance  • NT Correspondence Materials Delivery Assistance Scheme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) Insert here the registered owners | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4) Insert here the vehicle and registration details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year |  | | | Make | | | |  | | | | | Body | |  | | | | | | | | | | | | | | Colour | | | | | | | | | |  | | | | | |
| Registration number | | | |  | | | | | | | | | Registration start date | | | | |  | | | | | | | | | | | Registration end date | | | | | | | | | | | | |  | | |
| This declaration is true and I or we know it is an offence to make a declaration knowing it is false. This offence under Section 27(1) of the *Oaths Affidavits and Declarations Act* carries a maximum penalty of 400 penalty units ($56,400) or 4 years imprisonment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of declaration | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |  | | | | | | | |
| Signature of parent or guardian 1 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |  | | | | | | | |
| Signature of parent or guardian 2 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |  | | | | | | | |
| You must make a separate statutory declaration for each additional vehicle.  This declaration does not have to be witnessed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only^ - Disability assessment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student name^ | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of disability^ | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In order for the student to receive the appropriate special education required, the student must:   * attend a special school or institution in the Northern Territory or * be unable to access public transport as provided by IWPS due to the specific needs of the disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing below, I certify that the student above is unable to attend a local school in order to receive the required special education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IWPS director or manager signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | Date | | | | | |  | | | | | | | | | | | |
| IWPS director or manager name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Further information Email your completed form to [studentassistance.det@education.nt.gov.au](mailto:studentassistance.det@education.nt.gov.au)  You can free call 1800 019 157 or call 08 8901 4965  **Postal details**  Student Assistance – Financial Services  Department of Education  GPO Box 4821  DARWIN NT 0801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. <https://nt.gov.au/learning/student-financial-help-and-scholarships/financial-help-for-isolated-students> [↑](#footnote-ref-1)
2. <https://nt.gov.au/?a=170560> [↑](#footnote-ref-2)
3. <https://infocomm.nt.gov.au/privacy/information-privacy-principles> [↑](#footnote-ref-3)
4. <https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002> [↑](#footnote-ref-4)
5. <https://education.nt.gov.au/?a=574248> [↑](#footnote-ref-5)