Application for NT Tertiary Fare Reimbursement

Application Year: 20\_\_

\*\*\*Applications close 30 September of each year\*\*\*

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| **The Department recommends all applicants read about the NT Tertiary Fare Reimbursement Scheme eligibility criteria prior to lodging an application. This information can be found on the Department of Education (DoE) website at:** [**https://nt.gov.au/learning/student-financial-help-and-scholarships/financial-help-for-isolated-students**](https://nt.gov.au/learning/student-financial-help-and-scholarships/financial-help-for-isolated-students) **, or alternatively you can contact the Student Assistance Officer on (08) 8901 4965, or the toll free number 1800 019 157.**  **Note:** This application will not be considered unless:   * The application is fully completed by ***both parents*** (the definition of parents includes; Step-parents, Guardians, Foster parents or Carers), which reside in the same household as the ***dependant student***.   **Please note: - Students in receipt of (Australian Government) *Independent* Youth Allowance are considered independant, for the purpose of this application, and as such are required to complete the application in their own right.**  **Further requirements**   * All of the necessary supporting documentation is to be provided at the time the application is lodged (refer to the application checklist, page 6); * The form must be completed, signed and dated by all appplicants in blue or black ink; and * Applications must be lodged with the Department by 30 September of each year. **Late applications will not be accepted.** | |
| **SECTION 1 – PARENT or INDEPENDENT STUDENT DETAILS**  **If student is not in reciept of Australian Government - *Independent* Youth Allowance then the student is considered Dependent for the purposes of this application, which then requires the parent to apply on behalf of the student.** | |
| **Applicant 1 – Mr Mrs Ms Miss**  Family name:...................................................................  Given names:..................................................................  Preferred name:............................................................... | **Applicant 2 – Mr Mrs Ms Miss**  Family name:...................................................................  Given names:..................................................................  Preferred name:............................................................... |
| **Residential Address (must be NT address)**  Street Number/Unit Number:…….Street Name:………………………….………Suburb:……………………State:….….....  **Postal Address (Note “as above” if the same as your residential address)**  Street, Unit, Box or PMB Number:………Street Name:………………………….Suburb:……………………State:…….....  **Primary person to contact in regards to this application**: ........................................................................................  Telephone (b/h):………………………….(mb):………………………………(a/h):……………………………………............  Email address:....................................................................... Email address.................................................................. | |
| **PARENTS EMPLOYER DETAILS** | |
| **Applicant 1 - Employer details**  Business name:................................................................  Contact telephone number:...............................................  Email address:.................................................................. | **Applicant 2 - Employer details**  Business name:................................................................  Contact telephone number:..............................................  Email address:.................................................................. |

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| **SECTION 2 – DETAILS OF STUDENT (For whom benefits are being sought)** | | | | | | | |
| Family name:………………………………………………… | | | Given names:………………………………………………… | | | | |
| Sex of student: **Male** **Female** | | | Date of birth:…………………………………...................... | | | | |
| Are you, or the student in receipt of any Australian, or NT Government Allowances, Scholarships, Cadetships or employer allowances, which includes travel assistance for the student? | **Yes** **No** | | | | Will the student be in receipt of a salary or wage this year? | | **Yes** **No** |
| Name and address of institution attending:  …………………………………………………...  …………………………………………………... | Is the student studying full time this year?  **Yes No** | | | | | Course you are studying this year:  …………………………………….…  ………………………………………. | |
| Total number of years to complete the course (from start to end) | Level of study this year: | | | | | Level of study the previous year: | |
| Previous academic qualification/s attained and the year: | | | Name of course studied last year: | | | | |
| **TO BE COMPLETED BY INDEPENDENT STUDENTS ONLY** | | | | | | | |
| **Do you have a spouse, partner, child or children**  Spouse **Yes No**  Partner **Yes No**  Child/Children **Yes No**  ***(Attach a copy of the child/children’s birth certificate, if applicable)***   1. Family Name: ……………………………………….…   Given Names: …………………………………………  Other known names:……………………...………… | | 1. Family Name: ………………………………………….….   Given Names: …………………………………………….  Other known names:…..…………………...…………….  Where will your spouse, partner, child or children be residing during the course of your study?  Street number/Unit Number: ……………………….………..  Street: …………………………………………………………..  Suburb…………………..State………..Postcode…………… | | | | | |
| **STUDENT EMPLOYER DETAILS** | | | | | | | |
| **Student Applicant - Employer details**  Business name:................................................................  Contact telephone number:..............................................  Email address:.................................................................. | | | | **Students Spouse’s - Employer details**  Business name:................................................................  Contact telephone number:...............................................  Email address:.................................................................. | | | |

The personal information provided on this form is collected and used strictly in accordance with the provisions of the *Information Act.* A *Privacy Statement* is attached for your information on page 4.

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| **SECTION 4 – PERSONAL INFORMATION** |

**Please take time to read this, as it outlines the Department of Education’s obligations regarding the use and disclosure of the personal information that you provide.**

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| **SECTION 5 – PROOF OF RESIDENCY** |

**NEW APPLICANTS ONLY**

Proof of residency is required before your application can be assessed.

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| If you are applying for the first time for the Northern Territory Fares Reimbursement Scheme, you will need to provide **PROOF OF RESIDENCY**. The supporting documentation must show your residential address; not a postal box address.  **Supporting documentation that will be accepted is as follows:**   * A current NT drivers licence; * A statutory declaration stating that you are a resident of that community; signed by a local police officer, council representative or other local community organisation ***(please note: the witness needs to ensure their contact details are noted on the statutory declaration);*** * A utilities account, e.g. telephone or electricity; * A residential rate notice; * A letter from the Electoral Commission stating your voting ward; * Correspondence letter from a financial institution; OR * Current or previous NT school record. |

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| **SECTION 6 – DECLARATION – All applicants must complete** |

**I/We** ………………………………………and…………………………………….declare that **I/We** have been a permanent resident(s) of the Northern Territory since: …………………………………….…….and…………………………….…………………..

**DECLARATION BY APPLICANT**

1. **I/We** have completed the application form and attached all relevant documents in support of this application.
2. **I/We** have read and understood this application form, and I/We accept that if the conditions of eligibility are **not** met, **I/We** may not be entitled to receive or retain any Student Assistance payments made.
3. Should **I/We** be eligible to receive benefits under the Northern Territory Student Assistance Scheme on behalf of any student detailed on this form, **I/We** will immediately advise the Chief Executive of the Department in writing if the student:

- changes his or her permanent address;

- ceases to live away from home in order to attend a school/educational institution of a daily basis;

- transfers from one school/educational institution to another; or

- is absent for any reason for a total of more than twenty days in a term; and

If **I/We**:

- leave Australia for any period during the school year;

- change my/our permanent home address; or

- lose custody of, or financial responsibility for, any student detailed on this form.

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| **CONDITIONS OF PAYMENTS**  In the event of an overpayment of the Allowance, the overpaid amount immediately becomes a debt due and payable to DoE. **I/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/We** understand that **I/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, **in its absolute discretion**, will determine whether in all the 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/We** authorise DoE, **at its absolute discretion**, to deduct from one or more future payments of the Allowance, or any future Allowance that **I/We** may receive, such an amount(s), as DoE considers appropriate until the amount of overpayment has been recovered in full.  **I/We** understand that in the event that no further payments of the Allowance are due to be paid by DoE **I/We** must repay any amounts outstanding to DoE, upon demand, such amount or amounts as DoE determines.  **I/We** understand where an overpayment has not been recovered in full by the end of a calendar year then DoE may, **at its absolute discretion**, refuse to accept any subsequent application for the Allowance from **me/us** until such a time as the outstanding amount has been paid. |

**I/We** give the Northern Territory Department of Education authority to obtain or verify any information relevant to this application from any organisation or individual. I/We also expressly authorise my/our employer/s to release any of my/our personal information relating to my/our employment status, income, allowances and subsidies to the Department of Education.

**I/We** authorise the Australian Government – Human Services to release to the Northern Territory Department of Education information relevant to my application in order to determine my eligibility for assistance under the NT Student Assistance Schemes.

***I/We declare that I/We have read and accepted the above conditions and that the particulars set out in this application are true and correct.***

Signature of Applicant (1), or Independent Student: ….……….………………………………………………………………………….

Signature of Applicant (2): ……………………………………………………………………………………………………………..…..….

Date: …………………………………………

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| **PRIVACY STATEMENT – All applicants must complete** |

**Your privacy is important**

This statement outlines how the Department of Education (“DoE”) uses and manages personal information provided to it or collected from you. We are bound by the Information Privacy Principles, which form part of the Northern Territory *Information Act.*

It should be noted that this Privacy Statement may, from time to time, be reviewed and updated to take account of 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 on this form will be used to determine your eligibility for, and provide payments and services to you and, where relevant, third parties (for example, other family members) within the guidelines of the Northern Territory Student Assistance Schemes.

The type of information collected includes (but is not limited to) personal information, including sensitive information, about students and parents/guardians during the course of a student’s enrolment at a school or tertiary institution.

In certain circumstances, personal information may be supplied from a third party. This could include a medical report or information provided by another division of DoE (for example, Student Services 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, Student Services 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’s obligations in relation to protecting your privacy, visit www.education.nt.gov.au/about-us/foi, or contact a DoE Information Officer on (08) 89014907, or via email at: detfoi.det@nt.gov.au.

**I/We have read and understood the attached “*Privacy Statement”.***

Signature of Applicant (1), or Independent Student: …………………………………………….……..……….……………… Signature of Applicant (2): …………………………………………………………………………………………..…..………….

Date: …………………………………………

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| **APPLICATION CHECKLIST** |

**IMPORTANT** – The Department will not consider an application unless it is fully completed and the supporting documentation, as noted below, accompanies the application.

**Incomplete applications will be returned to the applicant.**

***HAVE YOU PROVIDED THE FOLLOWING?***

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| **DOCUMENTATION REQUIRED** | **RESPONSE** | **COMMENTS** |
| **Proof of the parents/student’s NT residency**  (for new applicants)  E.g. Independent students must show NT residency for a continuous period of 3 years, prior to the studies being undertaken. | **Yes No**  **N/A** |  |
| **Proof of student’s tertiary enrolment for the year of application.**  (On official letterhead or similar; such as an email from the University Administration) | **Yes No** |  |
| **A copy of student’s course information for the year of enrolment.** | **Yes No** |  |
| **A copy of student’s previous years study results and any other academic qualifications attained.**  (On official letterhead or similar; such as an email from the University Administration) | **Yes No** |  |
| **A copy of student’s – Dependent, or Independent Youth Allowance statement**.  (if applicable) | **Yes No**  **N/A** |  |
| **Details of any fares assistance received from any other source.**  E.g. Parents employer, Australian, or  NT Government, Scholarship etc. | **Yes No**  **N/A** |  |
| **A copy of any other allowances (that include travel assistance) you are receiving.**  E.g. Parents employer, Australian, or NT Government, Scholarship etc. | **Yes No**  **N/A** |  |
| **If the student is employed please provide a copy of his/her pay advices, or a letter from his/her employer stating current or expected earnings.** | **Yes No**  **N/A** |  |

**Return completed application forms, accompanied by supporting documentation to:**

Finance Grants Officer

Financial Services

Department of Education

GPO Box 4821

DARWIN NT 0801

**Further contact details:**

Email: [studentassistance.det@nt.gov.au](mailto:studentassistance.det@nt.gov.au)

Website: <https://nt.gov.au/learning/student-financial-help-and-scholarships/financial-help-for-isolated-students/tertiary-fares-reimbursement-scheme>

Hotline: 1800 019 157

Phone: (08) 8901 4965

Fax: (08) 8901 4976