

**REGISTRATION**

**APPLICATION FOR STUDY ASSIST 2008-2009**

**PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION**

- Level of assistance depends on degree of need, level of demand, and availability of funding. If your application is only part approved or not approved you will be advised in a letter why this is so. If you wish the committee to reconsider your application because of special circumstances or if you are unhappy with some aspect of the DWF process this must be put in writing and forwarded to the DWF committee.
- Please make sure ALL parts of the application are completed. The checklist at the end of the registration will assist you with this. Applications that are not completed will NOT be approved.
- Demand on the fund is high, so ensure that your application is correctly completed. It may be to your advantage to access a hospital social worker, community support program worker, or RDNS to also write a support letter and or have the David Williams Fund worker to look over it.
- The fund is unable to assist fees / items already paid. All cheques are to be made out directly to the TAFE / University / College or bookshops. Cheques will not be issued into your name.
- **Presentation of your enrolment form and invoice must be shown before Cheques can be picked up**
- All entry requirements must be researched by the applicant and not the DWF's responsibility.
- As a publicly funded organization we are bound by the Victorian privacy laws - the *Information Privacy Act 2000* and the *Health Records Act 2001* - as well as other laws which impose specific obligations in regard to handling information. All files are shredded if not used for seven years.

**PERSONAL DETAILS:**

**Name:**

**Address:**   
  
**Postcode:**

**Postal Address (if different from above):**

**Phone:**  **Date of Birth:**

**IF YOU DO NOT WANT MAIL SENT TO YOUR HOME ADDRESS, PLEASE MARK THIS BOX**

**Date:** \_\_\_\_\_

Case Worker's name \_\_\_\_\_

Phone: \_\_\_\_\_

Place where application was made \_\_\_\_\_

**How did you hear about Study Assist?** \_\_\_\_\_

**1. FINANCIAL INFORMATION**

**A. INCOME (please express in amounts **per fortnight**)**

**Centrelink Customer Reference Number (C.R.N.)**

Please place an "x" in the left hand column for your source of income.  
Please write the amount of each income in right hand column.

<input type="checkbox"/>	Disability allowance	\$
<input type="checkbox"/>	Sickness benefit	\$
<input type="checkbox"/>	Family allowance	\$
<input type="checkbox"/>	Newstart	\$
<input type="checkbox"/>	Carer's pension	\$
<input type="checkbox"/>	Supporting parents benefit	\$
<input type="checkbox"/>	Austudy	\$
<input type="checkbox"/>	Rental subsidy	\$
<input type="checkbox"/>	Salary	\$

**Total Payment Received:**

**Other income** (eg, superannuation, work). Please provide details of all other  
Sources of income including amounts received.

**Total Income from All Sources:**

**B. EXPENDITURE (please express in amounts **per fortnight**)**

**Accommodation** (please put an "x" in left hand column where applicable)

**If you share** accommodation, please state how many  
people you share with:

<input type="checkbox"/>	Ministry of Housing (Public Housing)	\$
<input type="checkbox"/>	Rent (Private Housing)	\$
<input type="checkbox"/>	Mortgage	\$
<input type="checkbox"/>	Board	\$
<input type="checkbox"/>	Other (please state)	\$

**Payment per fortnight:**

**Living Costs**

Please indicate cost per fortnight for the following expenses.

Electricity	\$
Gas & Fuel	\$
Water	\$
Telephone	\$
Credit Cards	
<i>Payments per fortnight</i>	\$
Personal Loan(s) type:	
<i>Payments per fortnight</i>	\$
Food	\$
Travel/Motor Car	\$
Cigarettes	\$
Entertainment	\$
Medicines/Treatments	\$
Other regular expenses	\$
<b>Please describe other expenses:</b>	
<b>Total Expenditure:</b>	<b>\$</b>

**SUMMARY OF INCOME AND EXPENDITURE**

Total Income:	\$
Total Expenditure:	\$
<b>Balance Outstanding:</b>	<b>\$</b>

**2. GENERAL INFORMATION**

What year were you diagnosed?	
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**3. CLIENT STATEMENT**

I authorise the David Williams Fund coordinator to seek verification if and where necessary to confirm any information provided in this application or any applications I may make in the future. I certify that all the information provided is true and correct.

**Client's Signature** .....

**Date:**

**Witnessed by Case worker (optional):** .....

**4. VERIFICATION OF HEALTH STATUS**

If you are already a member of the David Williams Fund, you will not need to provide verification of your health status. However all NEW applicants registering for DWF and study assist **must provide a medical certificate to verify health status.**

**5. VERIFICATION OF PENSION OR HEALTH CARE CARD**

All applicants **must provide a copy of their pension or health care card.**



11. **OTHER SCHOLARSHIPS**

Have you applied for other scholarships available?

*Please place a tick in the appropriate box*

Yes	No

**Please note: Other scholarships must be approached in the first instance when requesting financial assistance for Universities or TAFES**

12. **Which scholarships did you apply for and what was the outcome?**

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**Please provide copies of the application /outcomes for the scholarships**

13. **PAYMENT OF GRANT – INFORMATION**

Please write the name of the creditor(s) requiring the cheque. All DWF cheques will be posted, unless you specify not to. See below.

	Name of Creditor	Post
1 <sup>st</sup> cheque		
2 <sup>nd</sup> cheque		
3 <sup>rd</sup> cheque		

**CHECKLIST**

**Please tick the appropriate boxes**

**If you haven't attached the appropriate documentation your application will be delayed until the documentation has been provided**

<input type="checkbox"/>	If you are a new client have you attached <b>verification of your health status</b> , such as a letter from your doctor?
<input type="checkbox"/>	Have you attached a <b>current copy of your healthcare or pension card?</b>
<input type="checkbox"/>	Have you completed the <b>“supporting statement” on the application</b> (in support of your application)
<input type="checkbox"/>	Have you attached a <b>copy of the invoice</b> and is it in your name? The DWF will not assist with bills not in your name.
<input type="checkbox"/>	Have you attached a copy of the course details and which institution it is at
<input type="checkbox"/>	Have you attached the outcomes of other scholarships available
<input type="checkbox"/>	If you are unsure whether you have filled out the application correctly or would like to see the DWF coordinator, please call to make an appointment on 9863 0444

<b><i>OFFICE USE ONLY</i></b>				
<b><u>REQUEST OUTCOME</u></b>				
<b>Date:</b>				
	<b>Yes</b>	<b>No</b>	<b>Part paid</b>	
<b>Approved:</b>				
<b>Reason for non-approval or part approval:</b>				

<b>Purpose</b>	\$
<b>Purpose</b>	\$
<b>Purpose</b>	\$
<b>Purpose</b>	\$
<b>Total Amount Approved</b>	

**Signature DWF Officer:** .....