

NSSTAS Student with Disabilities - Semester __, 201__

APPLICANT (PARENT/CARER) DETAILS:

Applicant ID Number (if known)	ID Number	ta
Applicant Name	Surname	
	Given & Middle Names	
Student Home Address	Street Number & Name	
	Suburb & Postcode	
Applicant Contact Details	Telephone &/or Mobile	
	Email Address	
Applicant Bank Details	BSB	
	Account No	
	Account Name	
Applicant Concession Card Details	Pensioner/ Health Care/ Veterans Card	CRN/ DVA

I, the applicant (Parent/Carer) authorise:

- the Queensland Catholic Education Commission (QCEC) to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs Customer details and concession card status in order to enable the QCEC to determine if I qualify for a concession, rebate or service.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to the QCEC.

I understand that:

- the department will use information I have provided to the QCEC to confirm my eligibility for a NSSTAS concessional rebate and will disclose to the QCEC personal information including my name, address, payment and concession card type and status.
- this consent, once signed, remains valid while I am a customer of QCEC unless I withdraw it by contacting the QCEC or the department.
- I can obtain proof of my circumstances/details from the department and provide it to QCEC so that my eligibility for a NSSTAS concessional rebate can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the NSSTAS concessional rebate provided by QCEC.

Signed and Dated as per the Certification Page at the end of this Application form.

STUDENT DETAILS: (If you are applying for more than one child, please use another application form to add their details.)

Student ID Number (if known)	S
Surname	
Given & Middle Names	
Date of Birth	
School Attended & School Suburb	
Year Level	
Date the student commenced school this current semester?	
Number of <i>full</i> weeks the student did <i>not</i> attend school this current semester due to illness, exams, camp or excursions (excluding school holidays)?	

Student Ascertainment Criteria:

Verification Status (please circle the appropriate answer)	Verified / Awaiting Verification / Under Review / Don't Know
Individual Education Plan (IEP) with travel assistance (please circle the appropriate answer)	Yes / No / Don't Know
Travel Capability Rating (please circle the appropriate answer)	A / B / C / D / E / F / Don't Know

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

NSSTAS Student with Disabilities – cont.

Student Travel Details:										
1. Please indicate with a tick, the student's general travel pattern. (If you car pool, only show the days that you drive):										
	Mon	<i>Mon</i>	Tues	<i>Tues</i>	Wed	<i>Wed</i>	Thurs	<i>Thurs</i>	Fri	<i>Fri</i>
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Car to/ from School										
Public Transport to/ from School										
Taxi to/ from School										
2. If you indicated Car:										
Please indicate the number of kilometres driven from the student's residence, to either:										
- the school attended e.g. 9.6									kms	
- public transport pick up/ set down point (i.e. bus stop) e.g. 2.4									kms	
3. If you indicated Public Transport:										
Average weekly fare:									\$	
Type of ticket: e.g. single/daily/10 trip/weekly/monthly/semester/Go-Card										
Does the student pay to travel on a school owned bus?									Yes/No	
Main Transport Provider:										
4. If you indicated Taxi (NB: Eligible applicants may be asked to provide evidence of these taxi expenses in the form of receipts):										
Average weekly out of pocket expense (after deducting any other government subsidies):									\$	
Have you applied to the Department of Transport and Main Roads Taxi Subsidy Scheme for travel assistance for this student?									Yes/No	
5. All Applicants:										
Have you applied to the Department of Transport and Main Roads for any travel assistance for this student?									Yes/No	

I certify that the information provided here is accurate and I agree to my information being confirmed with the appropriate authorities.

Applicant Name:

Signature:

Date:

Please return to school