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| **NSSTAS Student with Disabilities - Semester ­\_, 20\_\_** |
| ***APPLICANT (PARENT/CARER) DETAILS:*** |
|  |
| **Applicant Name …………………………………….**  | Surname  |  |
|  | Given & Middle Names |  |
|  |
| **Student Home Address ………………………….** | Street: No., Name & Type |  |
|  | Suburb & Postcode |  |
|  |
| **Applicant Contact Details ………………………** | Telephone &/or Mobile |  |
| Email Address |  |
|  |  |  |  |
| **Applicant Bank Details …………………………..** | BSB |  |
|  | Account No |  |
|   | Account Name |  |
|  |
| **Applicant Concession Card Details …………** | Health Care/ Pensioner Concession/ DVA Pensioner Concession | CRN/ DVA |
| **I, the applicant (Parent/Carer) authorise:** **• the Queensland Catholic Education Commission (QCEC) to use Centrelink Confirmation eServices to perform an Australian Government Services Australia or Department of Veterans’ Affairs (DVA) enquiry of my Centrelink or DVA 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 Services Australia (the Agency) to provide the results of that enquiry to the QCEC.****I understand that:** **• the Agency 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 Agency.****• I can obtain proof of my circumstances/details from the Agency 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 section 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.) |
| **Surname**  |  |
| **Given & Middle Names** |  |
| **Date of Birth** |  |
| **School Attended & School Suburb** |  |
| **Year Level** |  |
| **Date the student commenced school this current semester?** |  |
| **Number of *full* weeks the student did *not* attend school this current semester due to illness, exams, camp or excursions (excluding school holidays)?** |  |

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| ***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 |

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| **PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**  |

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|  **NSSTAS Student with Disabilities – cont.**  |
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| ***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** | ***Mon*** | **Tues** | ***Tues*** | **Wed** | ***Wed*** | **Thurs** | ***Thurs*** | **Fri** | ***Fri*** |
|  | **AM** | ***PM*** | **AM** | ***PM*** | **AM** | ***PM*** | **AM** | ***PM*** | **AM** | ***PM*** |
| **Car to/ from School** |  |  |  |  |  |  |  |  |  |  |
| **Public Transport to/ from School** |  |  |  |  |  |  |  |  |  |  |
| **Taxi to/ from School** |  |  |  |  |  |  |  |  |  |  |
|  |
| 1. **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** |
|  |
| 1. **If you indicated Public Transport:**
 |
| Average **weekly** fare: | **$** |
| Type of ticket: e.g. single/daily/10 trip/weekly/monthly/semester/Go-Card |  |
| Does the student pay to travel on a school owned bus? | **Yes/No** |
| Main Transport Provider: |  |
|  |
| 1. **If you indicated Taxi** (**NB:** Eligible applicants may be asked to provide evidence of these taxi expenses in the form of receipts)**:**
 |
| Average **weekly** **out of pocket expense** (after deducting any other government subsidies): | **$** |
| Have you applied to the Department of Transport and Main Roads **Taxi Subsidy Scheme** for travel assistance for this student? | **Yes/No** |
|  |
| 1. **All Applicants:**
 |
| Have you applied to the Department of Transport and Main Roads for any travel assistance for this student? | **Yes/No** |

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| **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:**  |