

Application for a Commonwealth supported place (CSP) in a fee-paying postgraduate course

This application will only be processed if an offer has already been made for the nominated course and you meet the eligibility requirements for a CSP (see below).

To be eligible for a CSP, you must be one of the following:

- an Australian citizen, who will live and study in Australia for some of the course; or
- a New Zealand citizen, who will live and study in Australia for the whole course; or
- a permanent visa holder, who will live and study in Australia for the whole course.

Please note: there are a limited number of Commonwealth supported places in fee-paying courses and any fee discounts applicable to your fee paying offer cannot be transferred to a CSP offer.

This application, and all supporting documentation, must be submitted by:

- 31 January for courses commencing in Autumn session or Trimesters 1 or 2
- 1 July for courses commencing in Spring session or Trimester 3
- Late applications may be considered.

Personal Details		
Title:	First Name:	Last Name:
Gender:	Date of Birth:	Student Number:
Address:		
Suburb:	State:	Postcode:
Email:		
Contact phone:		
Citizenship Status:	<input type="checkbox"/>	Australian Citizen
	<input type="checkbox"/>	Holder of an Australian permanent resident visa
	<input type="checkbox"/>	Holder of an Australian permanent resident humanitarian visa
	<input type="checkbox"/>	New Zealand Citizen
	<input type="checkbox"/>	Holder of a temporary protection visa

Course Details	
Course name:	
Commencing year:	
Intake:	<input type="checkbox"/> Autumn session <input type="checkbox"/> Spring session <input type="checkbox"/> Trimester 1 <input type="checkbox"/> Trimester 2 <input type="checkbox"/> Trimester 3 <input type="checkbox"/> Other _____
Have you received an offer for this course: <input type="checkbox"/> Yes – Go to Section 1 <input type="checkbox"/> No* – Go to Section 1 *This application will only be processed if an offer has been made for the nominated course. Please email postgraduate-csps@uow.edu.au once you have been advised of the outcome of your application for admission so that your request for a CSP can be considered.	



Application Instructions

- ALL applicants are required to complete Sections 1 & 11.
- The following questions will assist you in determining which other sections you may need to complete.
- There is space available in Section 10 for you to provide further information to support your application.
- Incomplete applications will not be processed.

1.	Are you currently receiving a Centrelink (or other commonwealth) means-tested income support payment?*	<input type="checkbox"/> Yes – Go to S2	<input type="checkbox"/> No – Go to S3
2.	Are you Australian Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes – Go to S4	<input type="checkbox"/> No
3.	Did you or will you move from a regional/remote area to undertake tertiary study?	<input type="checkbox"/> Yes – Go to S5	<input type="checkbox"/> No
4.	Are you a sole parent?	<input type="checkbox"/> Yes – Go to S5	<input type="checkbox"/> No
5.	Is your ability to study being affected or is likely to be affected by long term and ongoing effects of:	<input type="checkbox"/> Yes – Go to S6	<input type="checkbox"/> No
	a. Your severe, long term or recurrent medical/psychiatric condition or illness;		
	b. Your learning, sensory, physical, psychological <u>or</u> other disability/disorder? <u>Or</u>		
	c. Abuse		
6.	Do you have carer responsibilities?	<input type="checkbox"/> Yes – Go to S7	<input type="checkbox"/> No
7.	Are you from a non-English speaking background?	<input type="checkbox"/> Yes – Go to S8	<input type="checkbox"/> No
8.	Are you a female intending to enrol or are enrolled in a STEM course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Are you currently in receipt of a scholarship?	<input type="checkbox"/> Yes – Go to S9	<input type="checkbox"/> No
10.	Would you like to make a personal voluntary statement?	<input type="checkbox"/> Yes – Go to S10	<input type="checkbox"/> No

*Centrelink (or other Commonwealth) means-tested income support payments are subject to an income and assets test. Family Tax Benefit Part A and Family Tax Benefit Part B are NOT income- and assets-tested payments

Section 1 – Financial Information (Mandatory)

a.	Have you received any income from paid employment during the last 12 months?	<input type="checkbox"/> Yes – Go to b.	<input type="checkbox"/> No – Go to c.
b.	Please indicate the amount received (before tax) Please attach a copy of the following documentation: 1. An income tax assessment for the last financial year OR 2. A group certificate OR 3. A recent pay advice.	\$ _____	
Living with Parents			
c.	Are you living with your parents?	<input type="checkbox"/> Yes – Go to e.	<input type="checkbox"/> No – Go to d.
d.	Do you receive support from your parents? (either financial or material support)	<input type="checkbox"/> Yes – Go to e.	<input type="checkbox"/> No – Go to f.
e.	Please indicate your parents combined income by ticking the relevant box: Please attach a copy of the following documentation: 1. An income tax assessment for the last financial year OR 2. A group certificate OR 3. A recent pay advice.	<input type="checkbox"/> Less than \$40,000 <input type="checkbox"/> Between \$40,000 and \$60,000 <input type="checkbox"/> Between \$60,000 and \$80,000 <input type="checkbox"/> Over \$80,000	
Living with a Partner			
f.	Are you living with a partner?	<input type="checkbox"/> Yes – Go to g.	<input type="checkbox"/> No
g.	Please indicate your partner's income by ticking the relevant box: Please attach a copy of the following documentation: 1. An income tax assessment for the last financial year OR 2. A group certificate OR 3. A recent pay advice.	<input type="checkbox"/> Less than \$40,000 <input type="checkbox"/> Between \$40,000 and \$60,000 <input type="checkbox"/> Between \$60,000 and \$80,000 <input type="checkbox"/> Over \$80,000	



Section 2 – Centrelink Information

a. Centrelink Reference Number (CRN):	
b. What type of means-tested Commonwealth income support payment are you receiving?	<input type="checkbox"/> Youth Allowance, living at home <input type="checkbox"/> Youth Allowance, living away from home <input type="checkbox"/> Youth Allowance, Independent <input type="checkbox"/> AusStudy <input type="checkbox"/> ABStudy <input type="checkbox"/> New Start <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Parenting Payment <input type="checkbox"/> Carer Payment <input type="checkbox"/> Other, please specify: <input type="checkbox"/> _____

Student Consent

This consent will be used for the sole purpose of authorising Centrelink to provide information to the University of Wollongong to assess your eligibility in relation to concessions or services provided by the University of Wollongong.

I _____ (enter your name) authorise:

- the University of Wollongong to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and concession card status in order to enable the business 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 University of Wollongong.

I understand:

- the department will disclose personal information to the University of Wollongong including my name/address/concession card status/payment type/payment status/one off payment/income/assets/deductions/shared care arrangements/partner status/Youth Allowance Independent Rate to confirm my eligibility for a Commonwealth Supported Place.
- this consent, once signed, remains valid while I am a customer of the University of Wollongong unless I withdraw it by contacting the University of Wollongong or the department.
- I can get proof of my circumstances/details from the department and provide it to the University of Wollongong so that my eligibility for a Commonwealth Supported Place 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 Commonwealth Supported Place provided by the University of Wollongong.

Signed: _____

Date: _____

A brochure is available from Centrelink that provides more details about the Centrelink confirmation services or on Centrelink's website <http://www.centrelink.gov.au>



Section 3 – Exceptional Financial Hardship and NOT in receipt of Centrelink Benefits

a. Explain why you are not eligible for a Centrelink (or other Commonwealth) means tested support payment:

b. Describe your current means of support and the financial hardship you are experiencing and will continue to experience:

c. What was the period of financial hardship up until now? _____ Years _____ Months

d. Do you expect your financial hardship to continue? If so, for how long? Explain why.

Please attach the following documentation required for exceptional financial hardship

You must attach to your application documents applicable to you:

- An ATO Notice of Financial Assessment for the last financial year
- Copies of pay slips for the last two months
- A copy of your Health Care Card
- A copy of a statement with details of any Centrelink payment you are receiving that is not both income and assets-tested

AND

If you are living at home with your parents:

- An ATO Notice of Financial Assessment for the last financial year of each parent
- Prepare a statement that your parents are supporting you. In the statement it must also provide details of any other dependant children, including their ages and whether or not they are tertiary students and living at home.

If you are living at home with your partner:

- An ATO Notice of Financial Assessment for the last financial year for your partner
- Prepare a statement that your partner is supporting you. In the statement it must also provide details of any other dependant children, including their ages and whether or not they are tertiary students and living at home.



Section 4 – Australian Aboriginal or Torres Strait Islander Declaration

I _____ (applicant's name)

Of _____ (applicant's current address)

• Am of Australian Aboriginal or Torres Strait Islander descent AND	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Identify as an Australian Aboriginal or Torres Strait Islander descent AND	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Am accepted as an Australian Aboriginal or Torres Strait Islander by the community in which I live or have lived.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered no to one or more of the above, your Equity Scholarship will be assessed, but you will not be identified as an Australian Aboriginal or Torres Strait Islander.

Signature _____ Date: _____

Section 5: Sole Parent Responsibilities

Children <i>List oldest to Youngest</i>	Age	School Year <i>K-12</i>	Care Arrangements <i>(e.g. day care centre, family day care, family member, at home)</i> <i>Please specify and include hours per week</i>
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

Documentation required for sole parent responsibilities

If you are **not** in receipt of a Parenting Payment you must arrange for the below independent statement to be completed. The statement must be completed by a responsible person able to comment on your sole parent status.

The person must not be related to you and must be aware of your sole parent responsibilities and be able to verify the impact these responsibilities will have on your ability to undertake university study.

Examples of a responsible person are a school principal, year/careers adviser, doctor, lawyer, accountant, social worker, counsellor, religious or community leader.

Independent Statement

How long have you been aware (either personally or indirectly) of the circumstances described by the applicant?

_____ Years _____ Months

The sole parent circumstances are affecting/are likely to affect the applicant's ability to undertake university study in the following way/s:

Details of the person completing the independent statement

Name: _____

Occupation: _____

Organisation: _____

Address: _____

State: _____

Postcode: _____

Daytime Telephone: _____

Signature: _____

Date: _____



Section 6: Long-term medical condition/disability or ongoing effects of abuse

a. Are you in receipt of a Disability Support Pension?	<input type="checkbox"/> Yes – End of S6.	<input type="checkbox"/> No – Go to b.
b. Is your ability to study at university affected, or is likely to be affected, by the long-term and ongoing effects of: <ul style="list-style-type: none"> Your severe, long term or recurrent medical/psychiatric condition or illness; Your learning, sensory, physical, psychological <u>or</u> other disability/disorder? <u>Or</u> Abuse 	<input type="checkbox"/> Yes – Complete c-e	<input type="checkbox"/> No – End of S6.
<i>Our commitment to privacy: The University of Wollongong is committed to protecting your privacy. UOW (including its controlled entities) will take all reasonable steps to ensure that the collection, use, disclosure and handling of your personal information complies with both the Privacy and Personal Information Act 1998 (NSW) and the Privacy Amendment (Private Sector) Act 2000 (Cth). The University's Privacy Policy may be viewed at www.uow.edu.au/about/privacy or by calling 1300 367 869 (within Australia)</i>		
c. Describe the nature of your long-term medical condition, disability or ongoing effects of abuse.		
d. Do you expect your long-term medical condition, disability or the effects of your abusive circumstances to continue? If so, for how long?		
e. Describe how your long-term medical condition, disability or the effects of your abusive circumstances is affecting, or is likely to affect, your ability to undertake university study.		

Documentation required for long term medical condition, disability or ongoing effects of abuse.

You must attach to your application medical certificates/reports to support the above personal statement.

Section 7: Carer Responsibilities

a. Are you in receipt of a Centrelink Carer Payment?	<input type="checkbox"/> Yes – End of S7.	<input type="checkbox"/> No – Go to b.
b. Are you a carer who is not in receipt of a Centrelink Carer Payment?	<input type="checkbox"/> Yes – Complete c-e	<input type="checkbox"/> No – End of S7.
c. Describe the exact responsibilities you have, including who you care for, their relationship to you, and why they need a carer.		
d. Indicate the number of hours a week you undertake carer responsibilities. Tick the appropriate box below: <ul style="list-style-type: none"> <input type="checkbox"/> Less than 15 <input type="checkbox"/> 15-20 <input type="checkbox"/> 21-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51+ 		
e. Do you expect these responsibilities to continue? If so, for how long?		



Documentation required for Carer Responsibilities

If you are **not** in receipt of a Carer Payment/Allowance you must arrange for the below independent statement to be completed. The statement must be completed by a responsible person able to comment on your carer status.

The person must not be related to you and must be aware of your carer responsibilities and be able to verify the impact these responsibilities will have on your ability to undertake university study.

Examples of a responsible person are a school principal, year/careers adviser, doctor, lawyer, accountant, social worker, counsellor, religious or community leader.

Independent Statement

How long have you been aware (either personally or indirectly) of the circumstances described by the applicant?

_____ Years

_____ Months

The carer circumstances are affecting/are likely to affect the applicant's ability to undertake university study in the following way/s?

Details of the person completing the independent statement

Name:

Occupation:

Organisation:

Address:

State:

Postcode:

Daytime Telephone:

Signature:

Date:

Declaration – Provision of third-party health information

If you are providing health information about someone other than yourself, you should obtain that persons consent where possible* by requesting that the person complete, sign and date the following declaration.

I _____ give consent for _____ to supply health information about me in this application. I understand that I can access my health information by writing to UOW.

Signature _____ Date: _____

**You may not be able to obtain that person's consent in writing, or it may not be appropriate to seek their consent due to extenuating circumstances. In this case you must provide an explanation. Please complete sign and date the following declaration.*

After having taken reasonable steps to obtain third-party consent in order to provide health information about that person, I was unable to because:

Signature _____ Date: _____



Section 8: English Language Difficulty

a. Will your English language difficulties, resulting from you non-English speaking background, affect your ability to study at University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Did you come directly to Australia from a non-English speaking country before 2001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Before you arrived in Australia did you undertake any formal education at an institution where the language of instruction was English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Have you undertaken two or more years of full-time study in Australia in a diploma, Bachelor degree or higher level award?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 9: Current Scholarship Funds

Please complete the fields below if you currently hold a scholarship:

Name of Scholarship:	
Annual Amount of Scholarship:	
Duration of Scholarship:	

Section 10: Voluntary Personal Statement

If you would like to provide any further information, please do so here (maximum 250 words):



Section 11: Privacy, General Consent and Disclosure

Our commitment to privacy: The University of Wollongong is committed to protecting your privacy. UOW (including its controlled entities) will take all reasonable steps to ensure that the collection, use, disclosure and handling of your personal information complies with both the Privacy and Personal Information Act 1998 (NSW) and the Privacy Amendment (Private Sector) Act 2000 (Cth). The University's Privacy Policy may be viewed at www.uow.edu.au/about/privacy or by calling 1300 367 869 (within Australia).

Consent: I understand that UOW may need to verify the information I have supplied and that it may exchange data with other institutions for this purpose. I further understand that UOW deals with regulatory bodies and also includes a number of separate entities, any of which may be granted all or part of this information to assist students in their study at UOW.

Disclosure: The information provided may be used for (but not limited to) the following purposes and/or reasonably related purposes:

- The assessment of your application for a Commonwealth Supported Place.

Declaration

I declare I have read and accept the above Consent and Disclosure information and that the information I have submitted with this application is correct and complete.

Signature _____ Date: _____

Application Checklist

Have you...

- Answered all the questions relevant to you?
- Provided your Centrelink Customer Reference Number if applicable
- Attached all necessary supporting documentation (certified copies not originals)
- Kept a photocopy of this application and all attachments for your reference
- Signed and dated the declaration above and any relevant declarations within the application.

Submitting Your Application

Please email this application, along with certified copies of your supporting documentation, to postgraduate-csps@uow.edu.au