

**APPLICANT DETAILS**

**Name:**

**QTAC Application Number:**

**ELIGIBILITY TO APPLY**

Complete this form if you have experienced a disrupted or difficult home environment or excessive caring responsibilities **which have affected your most recent study.**

**APPLICANT STATEMENT**

During my education I have experienced one or more of the following:  
(please tick the relevant box/boxes)

- Family conflict (significant dysfunction)
- Legal separation or divorce (self or parents)
- Substance abuse (family member) generally living in the same household
- Lack of stable housing (eviction etc)
- Forced to be independent under the age of 18
- Abuse where you reside (domestic, physical, psychological, sexual)
- Assault where you reside (rape, attempted)
- Lack of support for education due to cultural demands and expectations
- Required to provide care for sibling(s) in excess of normal domestic responsibilities

- Caring for a disabled or seriously ill person or member of household
- Death or serious illness of a family member or member of household
- Home affected by disaster (including drought)
- Disruption as a result of being in or recently leaving foster care/out-of-home care
- Note:** Institutions offer a range of support services for applicants who are in or have been in **foster care/out-of-home care**. For further information you can contact the institutions directly or alternatively, if you are willing to be contacted by institutions for more information about support that is available, please tick here.*

**PERSONAL STATEMENT**

*The circumstances I have experienced in my home environment were/are:*

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*This affected my study because:*

Applicant to sign: \_\_\_\_\_

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## **SUPPORTING DOCUMENTATION** (documents must be included with this form)

If your school is aware of your situation it would benefit your case to have them complete a School Statement.

**You MUST provide supporting documents.** Depending on your circumstances, this could include (please tick the documents you have provided):

A letter from your General Practitioner (GP) verifying your home circumstances  
Medical/insurance reports  
A Death Certificate  
A police report/statement  
A letter from a psychologist or counsellor verifying your home circumstances

Court/legal documents/solicitor's letter  
Centrelink documents supporting your situation  
A letter from a community organisation with direct knowledge of your home circumstances  
A letter from the Queensland Department of Children, Youth Justice and Multicultural Affairs or the equivalent interstate or overseas government department

**Attach this to documentation and return to QTAC**

**Upload** your documentation to your online application at <https://applications.qtac.edu.au>.

Ross Family Clinic

13/67 High Street, Loganlea,  
QLD

1/9/2021

To whom it may concern,

I have been Lisa and Sheryl Jones' GP for the past five years.

Sheryl was diagnosed with breast cancer in late 2020 and this has had a detrimental impact on her daughter's year twelve studies.

Lisa is a hard-working girl and I have no doubt she could have attained a higher ATAR in other circumstances.

Please take this into consideration for the purposes of university admission.

Feel free to contact my practice should you require further information.

Sincerely,

Dr Jean Ross

Registration number 1234567

Phone: XYXYXYXY

**APPLICANT DETAILS**

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**ELIGIBILITY TO APPLY**

Complete this form if you **reside in Australia** and have experienced financial hardship that has negatively impacted your education.

**APPLICANT STATEMENT** (please type directly onto the form or print clearly)

1. I am financially dependent on:

- Myself only (I do not live with a parent/guardian or partner)
- My sole parent/guardian
- Two parents/guardians
- My partner
- Myself and my partner

2. The number of dependants in my household:

- I financially support \_\_\_\_\_ dependants
- My parent/s/guardian/s or partner financially support \_\_\_\_\_ dependants (including me)
- My partner and I financially support \_\_\_\_\_ dependants

**SUPPORTING DOCUMENTATION** (documents must be uploaded along with this form)

**You must provide** copies of:

- the current financial year's Income Tax Return/s (showing Gross Income from all sources including the supplementary section/s) for each member of the household receiving income, including from Centrelink
- the current financial year's Notice of Assessment (showing Taxable Income) for each member of the household receiving income who lodged an Income Tax Return
- a current Income Statement from Centrelink and/or Department of Veterans' Affairs (DVA) Statement for each member of the household receiving a Centrelink or a DVA benefit
- a current Family Tax Benefit Statement if not in receipt of another benefit from Centrelink

**Not required to lodge an Income Tax Return:**

If you, your partner or parent/s were not required to lodge an Income Tax Return as the estimated income received was within the tax-free threshold,

**You must provide** copies of:

- a Non-Lodgment Advice from the Australian Taxation Office (ATO)
- an annual PAYG Summary from Centrelink showing total benefits received
- ATO Income Statements showing total income from all employers
- Bank Statements showing annual interest earned
- Dividend Statements for share returns
- any other financial documents that could help substantiate your claim of **financial hardship**

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## BUSINESS INCOME

**Does anyone in your household earn income from a business?**

Yes

No

### Supporting Documents for Business Income

Business owners and their dependants must fully document gross business income and expenses as well as individual income.

**Sole traders** and their dependants must supply:

- the business operator's individual Income Tax Return

**Partnership, company, or trust** business operators should supply their individual tax return AND relevant evidence of business income, which may include:

- Business Accounts including a complete, itemised list of expenses
  - Partnership Tax Returns
  - Company Tax Accounts
  - Trust Tax Return
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### Did you forget to supply Centrelink details in your QTAC application?

If you already supplied your CRN and completed the Centrelink declaration, you do not need to complete this section.

If you receive the maximum rate of a Centrelink Benefit in your own right and you now want to give QTAC permission to verify it electronically, please provide your CRN and complete the Centrelink Authority Statement below:

**Your CRN - 9 numbers and 1 letter:** \_\_\_\_\_

### Centrelink Authority Statement

I authorise QTAC to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink Customer details in order to enable QTAC to determine if I qualify for benefits that may be available from institutions. I authorise the Australian Government Department Services Australia (the agency) to provide the results of that enquiry to QTAC. I understand that the agency will use information I have provided to QTAC to confirm my eligibility for adjustment factors or financial assistance and will disclose to QTAC my personal information including my name, address, concession card status, payment type, payment status, income, assets, one-off payment, deduction and shared care arrangements. I understand that this consent, once signed, remains valid while I am a customer of QTAC unless I withdraw it by contacting QTAC or the agency. I understand that I can obtain proof of my circumstances/details from the agency (eg a Centrelink Income Statement) and provide it to QTAC so that my eligibility for adjustment factors or financial assistance can be determined. I understand that if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the adjustment factors and financial assistance provided by institutions via the Educational Access Scheme (EAS).

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Attach this to documentation and return to QTAC**

Upload your documentation to your online application at <https://applications.qtac.edu.au>.



CLK1LETTER123456789

Reference: **XXX XXX XXXV**



NAME  
ADDRESS



Australian Government

Services Australia

**centrelink**

11 October 2020



This Income Statement shows information we hold about you on your Centrelink record. If you decide to show this information to anyone else for any reason, you can choose to show all the information or to block some information out.

## Income Statement

DOB	XXX
Customer Partnered	N
Maximum Rate JobSeeker Payment	Y
Number of Children Assessed	0

### Previous regular entitlements and payments

Payment Type	Amount	Date Paid	Date of Grant
JobSeeker Payment	\$X	D/M/Y	D/M/Y
Energy Supplement	\$X	D/M/Y	D/M/Y

### Previous irregular payments

There are no previous irregular payments to report.

### Deductions from your payment

There are no deduction details to report.

Continued on the back

## Contact information

If you have any questions about this letter please ring:



**132 850** OR  
**13 1202** for Multilingual Services

Monday — Friday 8.00 am — 5.00 pm  
(Please quote reference number **401 089 072V**)



Your local Centrelink Office:  
78 East Street  
Ipswich QLD 4305  
P O Box 7800



Office Hours:  
Monday to Friday 8.30am to 4.30pm

**Future regular entitlements and payments**

<b>Payment Type</b>	<b>Amount</b>	<b>Date to be paid</b>	<b>Date of Grant</b>
JobSeeker Payment	\$X	D/M/Y	D/M/Y
Energy Supplement	\$X	D/M/Y	D/M/Y
Coronavirus Supplement	\$X	D/M/Y	D/M/Y
GST Component	\$X	D/M/Y	D/M/Y
Rent Assistance	\$X	D/M/Y	D/M/Y

\* The Coronavirus Supplement is a temporary payment. You should not rely on this payment when planning long term budget needs or capacity to repay loans.

**Future irregular payments**

There are no future irregular payments to report.

**Details of your Income (Not including Centrelink payments)**

<b>Income Type</b>	<b>Amount</b>	<b>Frequency</b>	<b>Date of Effect</b>
Casual Earnings	\$X	Income For One Period	D/M/Y
Financial Investment Income	\$X	Annually	D/M/Y

**Details of your Assets**

<b>Asset Type</b>	<b>Value</b>	<b>Date of Effect</b>
Cash/Investments/Savings	\$X	D/M/Y
Household and Personal Effects	\$X	D/M/Y
Motor Vehicle, Boat and Caravan	\$X	D/M/Y

If any of the above details are incorrect, please contact us as soon as possible.

Your reference number is XXX XXX XXXV.