

## 2014 UOW Equity / Community Equity Scholarship Questionnaire

### Personal Details

**Name**

Title	Surname/Family Name	Given Name

**Postal Address**

Number and Name of Street or PO Box	Suburb

State	Postcode	Country	Telephone Number

**Date of Birth**  **Gender**  Male  Female

**Citizenship status**

Australian Citizen	<input type="checkbox"/>
Holder of an Australian permanent resident humanitarian visa	<input type="checkbox"/>
New Zealand citizen	<input type="checkbox"/>
Holder of an Australian permanent resident visa	<input type="checkbox"/>
Holder of a temporary protection visa	<input type="checkbox"/>

### Equity Application Instructions

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

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
<small>*Centrelink (or other Commonwealth) means-tested income support payments are subject to an income <b>and</b> assets test. Family Tax Benefit Part A and Family Tax Benefit Part B are <b>NOT</b> income- and assets-tested payments</small>		
Are you an Australian Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes ~ go to S4	<input type="checkbox"/> No
Did you or will you move from a regional or remote area to undertake tertiary study?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a sole parent?	<input type="checkbox"/> Yes ~ go to S5	<input type="checkbox"/> No
Is your ability to study being affected or is likely to be affected by long-term and on-going effects of:		
<ul style="list-style-type: none"> <li>• your severe, long-term or recurrent medical/psychiatric condition or illness, <u>or</u></li> <li>• your learning, sensory, physical, psychological or other disability/disorder, <u>or</u></li> <li>• abuse (e.g. domestic violence, emotional abuse, psychological abuse, incest, ritual abuse, physical abuse, sexual abuse, or torture)?</li> </ul>	<input type="checkbox"/> Yes ~ go to S6	<input type="checkbox"/> No
Do you have carer responsibilities?	<input type="checkbox"/> Yes ~ go to S7	<input type="checkbox"/> No
Are you from a non-English speaking background	<input type="checkbox"/> Yes ~ go to S8	<input type="checkbox"/> No
Are you a <b>female</b> intending to enrol or are enrolled in an Engineering, Informatics or Science course	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently in receipt of a scholarship?	<input type="checkbox"/> Yes ~ go to S9	<input type="checkbox"/> No
Would you like to provide a voluntary personal statement?	<input type="checkbox"/> Yes ~ go to S10	<input type="checkbox"/> No

**SECTION 1: Financial Information**

**ALL Applicants MUST answer this section**

a) Have you received any income from paid employment during the last twelve 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 one of the following to your application: <ul style="list-style-type: none"> <li>▪ an income tax assessment for the last financial year OR</li> <li>▪ a group certificate OR</li> <li>▪ a recent pay advice.</li> </ul>	\$ _____	

<b>Living with Parents</b>		
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 in your parents' combined income by ticking the relevant box. Please attach a copy of one of the following to your application: <ul style="list-style-type: none"> <li>▪ an income tax assessment for the last financial year OR</li> <li>▪ a group certificate OR</li> <li>▪ a recent pay advice.</li> </ul>	<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	

<b>Living with a Partner</b>		
f) Are you living with a partner?	<input type="checkbox"/> Yes ~ go to g)	<input type="checkbox"/> No ~ go to h)
g) Please indicate in your partner's income by ticking the relevant box. Please attach a copy of one of the following to your application: <ul style="list-style-type: none"> <li>▪ an income tax assessment for the last financial year OR</li> <li>▪ a group certificate OR</li> <li>▪ a recent pay advice.</li> </ul>	<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	

h) Detail your current living arrangements and means of income.

## SECTION 2: Centrelink Information

a) Centrelink Reference Number (CRN):

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b) What type of means-tested Commonwealth income support payment are you receiving?

*We will use your CRN to request Centrelink to electronically provide a statement of information so that we can assess your Equity Scholarships application.*

<input type="checkbox"/>	Youth Allowance, living at home
<input type="checkbox"/>	Youth Allowance, living away from the home
<input type="checkbox"/>	Youth Allowance, independent
<input type="checkbox"/>	Austudy
<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:

### 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 \_\_\_\_\_ (PRINT YOUR FULL NAME) authorise Centrelink to electronically provide a statement to the University of Wollongong, to assist in the assessment of my entitlement to services from the University of Wollongong. I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and *confirmation* of my current address.

I understand that this authority, once signed, is effective only for that period I am a customer of the University of Wollongong. I understand that this authority, which is ongoing, can be revoked at any time by giving notice to the University of Wollongong.

I understand that I will be able to obtain a written copy of the Statements at any time from either the University of Wollongong or Centrelink.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 3: Exception Financial Hardship and NOT in Receipt of Centrelink Benefits



Only complete this question if you are **not** currently receiving a Centrelink (or other commonwealth) means-tested income support payment and you believe you can demonstrate *exceptional financial* hardship.

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

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

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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.

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#### Documentation required for exceptional financial hardship

You must attach to your application documents applicable to you:	<ul style="list-style-type: none"> <li>▪ an ATO <i>Notice of Financial Assessment</i> for the last financial year</li> <li>▪ copies of pay slips for the last two months</li> <li>▪ a copy of your Health Care Card</li> <li>▪ a copy of a statement with details of any Centrelink payment you are receiving that is not both income- and assets-tested.</li> </ul>
<b>AND</b>	
If you are living at home with your parents and are being financially supported, please provide:	<ul style="list-style-type: none"> <li>▪ ATO <i>Notice of Financial Assessment</i> for the last financial year for each parent</li> <li>▪ Prepare a statement that your parents are supporting you. In the statement it must also provide details of any other dependent children, including their ages and whether or not they are tertiary students and living at home.</li> </ul>
If you are living with a partner and are being financially supported, please provide:	<ul style="list-style-type: none"> <li>▪ ATO <i>Notice of Financial Assessment</i> for the last financial year for your partner</li> <li>▪ Prepare a statement that your partner is supporting you. In the statement it must also provide details of any other dependent children, including their ages and whether or not they are tertiary students and living at home.</li> </ul>

Attach to your application any other documents you wish in order to demonstrate your exceptional financial hardship.

### 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  Yes  No
- identify as an Australian Aboriginal or Torres Strait Islander AND  Yes  No
- am accepted as an Australian Aboriginal or Torres Strait Islander by the community in which I live, or have lived.  Yes  No

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If your Aboriginality is questioned you will be asked to provide evidence to prove you meet all three parts of the above Declaration.*

## SECTION 5: Sole Parent Responsibilities

Children <i>list oldest to youngest</i>	Age	School Year K-12 <i>write year</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



This section is **not** to be completed by the applicant

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:

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### Details of person completing the Independent statement

Name (print) _____	Position/occupation _____
Name of the organisation (if applicable) _____	
Address _____	State _____ Postcode _____
Daytime tel. _____	Alternative daytime tel. _____ Fax _____
Signature _____ School stamp or business stamp (if one exists)	
Date _____	

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

a) Are you in receipt of a Disability Support Pension?  Yes ~ end of Q6  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:

- your severe, long-term or recurrent medical/psychiatric condition or illness, *or*
- your learning, sensory, physical, psychological or other disability/disorder, *or*
- abuse (e.g. domestic violence, emotional abuse, psychological abuse, incest, ritual abuse, physical abuse, sexual abuse, or torture)?

Yes ~ complete c-e  No ~ end of Q6



**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](http://www.uow.edu.au/about/privacy) or by calling 1300 367 869 (within Australia).

c) Describe the nature of your long-term medical condition, disability or ongoing effects of abuse.

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d) Do you expect your long-term medical condition, disability or the effects of your abusive circumstances to continue? If so, for how long?

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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.

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### **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?  Yes ~ end of Q7  No ~ go to b

b) Are you a carer who is not in receipt of a Centrelink Carer Payment?

*For the purpose of this application, a carer is defined as a person of any age who, without being paid, cares for another person who needs ongoing support because of a long-term medical condition, a mental illness, a disability, frailty or the need for palliative care. A carer may or may not be a family member and may or may not live with the person. Volunteers under the auspices of a voluntary organisation are not included.*

Yes ~ complete c – e and Independent statement  No ~ end of Q7

c) Describe the exact responsibilities you have, including who you care for, their relationship to you, and why they need a carer.

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d) Indicate the number of hours a week you undertake carer responsibilities. Tick the appropriate box below.

less than 15  15-20  21-30  31-40  41-50  51+

e) Do you expect these responsibilities to continue? If so, for how long?

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If you are **not** in receipt of a Carer Payment or Carer Allowance you must arrange for independent statement below 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**



This section is **not** to be completed by the applicant

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:

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**Details of person completing the Independent statement**

Name (print) _____	Position/occupation _____
Name of the organisation (if applicable) _____	
Address _____	State _____ Postcode _____
Daytime tel. _____	Alternative daytime tel. _____ Fax _____
Signature _____	School stamp or business stamp (if one exists)
Date _____	

**Declaration – Provision of third-party health information**

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

I \_\_\_\_\_ give consent for \_\_\_\_\_  
to supply health information about me in this Equity Scholarships 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:

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Signature \_\_\_\_\_ Date \_\_\_\_\_





