|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NSSTAS Bus Fare Assistance - Semester \_, 20\_\_** | | | | | | | | | | |
| **Only apply if you are paying more than the weekly family threshold in bus fares - check our website for the current thresholds.** | | | | | | | | | | |
| ***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 ………** | | 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.** | | | | | | | |
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|  | | | | | | | |
| ***STUDENT DETAILS:*** (If you are applying for more than three children, please use another application form to add their details.) | | | | | | | |
|  | **Student 1** | | **Student 2** | | | **Student 3** | |
| **Student ID Number** (if known) | s | | s | | | | s |
| **Surname** |  | |  | | | |  |
| **Given & Middle Names** |  | |  | | | |  |
| **Date of Birth** |  | |  | | | |  |
| **School Attended & School Suburb** |  | |  | | | |  |
| **Year Level** |  | |  | | | |  |
| **Is the student a weekly boarder?** | YES / NO | | YES / NO | | | | YES / NO |
| **Average Weekly Fare** | **$** | | **$** | | | | **$** |
| **Ticket Type** e.g. Daily, Go Card, Weekly, 10 Trip, Monthly, Term, Semester, etc. |  | |  | | | |  |
| **Main Transport Provider** |  | |  | | | |  |
| **Did the student commence catching public transport from the first day of school for this current semester?** | YES  NO - Please enter the DATE when the student commenced catching public transport: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | YES  NO - Please enter the DATE when the student commenced catching public transport: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | YES  NO - Please enter the DATE when the student commenced catching public transport: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Average number of trips per week the student catches public transport to and from school?** (NB: maximum 10 trips per week – i.e. 5 days x 2 trips/day) |  | |  | | | |  |
| **Number of *full* weeks the student did *not* catch public transport this current semester due to illness, exams, camp or excursions (excluding school holidays)?** |  | |  | | | |  |

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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:** |