

NSSTAS Bus Fare Assistance - Semester __, 201__

Only apply if you are paying more than \$33 (\$25 with a Concession card) in bus fares per week per family.

APPLICANT (PARENT/CARER) DETAILS:

Applicant ID Number (if known)	ID Number	ta
Applicant Name	Surname	
	Given & Middle Names	
Student Home Address	Street No. & Street Name	
	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.

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 <i>full</i> weeks the student did <i>not</i> catch public transport this current semester due to illness, exams, camp or excursions (excluding school holidays)?			

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: