|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 ………** | | Health Care/ Pensioner Concession/ DVA Pensioner Concession | | | CRN/  DVA | | |
| **I, the applicant (Parent/Carer) authorise:**  **• the Queensland Catholic Education Commission (QCEC) to use Centrelink Confirmation eServices to perform an Australian Government Services Australia or Department of Veterans’ Affairs (DVA) enquiry of my Centrelink or DVA 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 Services Australia (the Agency) to provide the results of that enquiry to the QCEC.**  **I understand that:**  **• the Agency 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 Agency.**  **• I can obtain proof of my circumstances/details from the Agency 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 section 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** | |
| **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:** |