

SUBSEQUENT**APPLICATION FOR STUDY ASSIST 2019**

The David Williams Fund provides support to improve the well-being of the Victorian HIV community. Not all applications are approved as demand on the fund is high.

The DWF Study Assist project accepts applications for: Enrolment Fees, books, Course equipment, and other relevant needs for further education

The fund cannot provide: HEX, HELP or VET debts, University loans, late fees from Libraries, fees / items already paid

The checklist on the back of this form will assist you to complete the application correctly. It may be to your advantage to access a community /social worker, to assist with your application.

Interviews: you may be required to attend an interview with the DWF coordinator to determine suitability. Entry requirements must be researched by the applicant and not the DWF's responsibility.

All applications must be lodged by 4.00 pm Friday to 51 Commercial Rd South Yarra 3141. All applicants are advised of the outcome by mail or, for pick up on the following Thursday.

As a publicly funded organisation we are bound by the Victorian privacy laws - the *Information Privacy Act 2000* and the *Health Records Act 2001* - as well as other laws which impose specific obligations on us in regard to handling information. Files are shredded if not used for seven years.

PERSONAL DETAILS

NAME: _____

ADDRESS: _____

_____ POST CODE _____

POSTAL ADDRESS (if different): _____

PHONE: () _____ MOBILE: _____

DATE OF BIRTH: ____/____/____ PLC NUMBER (if applicable): _____

EMAIL ADDRESS: _____

Centrelink Customer Reference Number (C.R.N.) _____

Case Worker (if applicable) _____ ☎: _____

Place where application is made: _____

How did you hear about Study Assist? _____

IF YOU **DO NOT** WANT MAIL SENT, PLEASE MARK THIS BOX

DWF#: _____ Application #: _____

1. GENERAL INFORMATION

What year you were diagnosed with HIV? _____

Have you been diagnosed with Hepatitis C Yes No
 Rather not say

Are you Aboriginal or Torres Strait Islander? Yes No
 If yes;
 Are you Aboriginal but not Torres Strait islander? Yes No
 Are you Torres Strait islander but not aboriginal? Yes No
 Are you both aboriginal and Torres Strait islander? Yes No

Are you from a non-English speaking background? Yes No

What is your country of birth? _____

What language do you speak at home? _____

Are you Intersex? Yes No Rather not say

What Gender do you identify as?
 Male Female Genderqueer Rather not say
 Transman Transwoman Other Specify _____

How do you define your sexual orientation?
 Gay Lesbian Bisexual Queer
 Heterosexual Rather not say Other Specify _____

2. REQUEST FOR STUDY ASSISTANCE

Please note you may request multiple items but there is no guarantee that these will be granted. Please prioritise your requests. You may include study materials / fees / books and items related to your area of study. All cheques are to be made out directly to the TAFE / University / College or bookshops. Cheques will not be issued into your name.

Do you know you can get free Microsoft office if you are a student? Just put your student email onto this site <https://products.office.com/en-au/student/office-in-education>

	Amount :	Item:	Cheque made payable to:
1 st			
2 nd			
3 rd			

Please MAIL me the outcome I will pick up the outcome

For pick up - call Positive Living Centre on 9863 0444 the following week to find out the outcome. If approved, reception will let you know when cheques are available

3. COURSE / UNIVERSITY / TAFE INFORMATION

Name of Course: _____

6. CLIENT CONSENT STATEMENT

I authorise the DWF coordinator to seek verification if and where necessary to confirm any information provided in this application or any applications I may make in the future. I certify that all the information provided is true and correct.

I agree that the DWF may share information and exchange information in order to assist in resolving my financial difficulties with other agencies / companies directly involved, for the purpose of providing me with the best possible support to suit my circumstances. I understand that relevant information about me will only be shared when deemed necessary or to progress my case or application.

I certify that all the information provided is true & correct.

Client's Signature: _____ **Date:** ____/____/2019

If prepared by case Worker on Client's behalf:

Case Worker's Signature: _____

Name: _____ Phone Number: _____

CHECKLIST

Please tick the appropriate boxes

If you haven't attached the appropriate documentation your application will be delayed until the documentation has been provided

- I have attached **verification of my health status, from my doctor** – All registration documents must be originals, not faxed or photocopies.
- I have attached a **current copy of my Centrelink Health care card**
- I have attached a **copy of Centrelink income statement**
- I have attached a copy of the course **enrolment form, acceptance and invoice**
- I have attached information of **other scholarships / grants** if applicable
- I have attended an **interview with the David Williams Fund coordinator**.
- I have attached **any other relevant information** to enhance my application

If you wish the committee to reconsider your application because of special circumstances or if you are not satisfied with some aspect of the DWF process, you must put it in writing and forward it to the DWF committee.