

DAVID WILLIAMS FUND
CONFIDENTIAL

ABN VAC: 52 907 644 835

ABN GMHC: 87 652 472 253

STUDY ASSIST REGISTRATION FORM 2020

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: ____ / ____ / ____

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

Office Use Only:

DWF#: _____ Applications No: _____

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. VERIFICATION OF HEALTH STATUS

All applicants registering for DWF Study assist must provide an original letter from their doctor confirming their HIV status.

I have attached this letter I am in the process of getting this letter

3. VERIFICATION OF PENSION OR HEALTH CARE CARD

All applicants registering for DWF Study Assist must provide a current copy of their Centrelink Health Care card and a current copy of their Centrelink Income Statement.

I have attached a copy of my Centrelink Health Care Card

I have attached a current copy of their Centrelink Income Statement.

4. FINANCIAL INFORMATION

A. INCOME PER FORTNIGHT.

Are you receiving a Centrelink allowance?

Yes No Waiting approval Working

If so, what kind of Centrelink benefits do you receive? (i.e. DSP, Austudy etc)

What is your fortnightly Centrelink income? _____

Do you receive any other income? (e.g., superannuation, work, work cover, gift)

Total Income from All Sources: \$

B. EXPENDITURE PER FORTNIGHT

Accommodation:

Are you in share accommodation? If so how many do you share with?

Which housing is applicable to you, and what is your fortnightly share?

| | | |
|--|--------------------------------------|----|
| | Private rental | \$ |
| | Mortgage | \$ |
| | Ministry of Housing – Public housing | \$ |
| | Board | \$ |
| | Other - please state | \$ |
| | Own Home | |

Payment per fortnight: \$

Living Costs

Please indicate cost per fortnight for the following expenses.

| | |
|---|-----------|
| Electricity | \$ |
| Gas & Fuel | \$ |
| Water | \$ |
| Telephone | \$ |
| Credit card - <i>Total amount</i> | \$ |
| - <i>Payments per fortnight</i> | \$ |
| Credit card - <i>Total amount</i> | \$ |
| - <i>Payments per fortnight</i> | \$ |
| Personal loan - <i>Total amount</i> | \$ |
| - <i>Payments per fortnight</i> | \$ |
| Centrelink loan - <i>Payments per fortnight</i> | \$ |
| Food | \$ |
| Travel / motor car | \$ |
| Children costs | \$ |
| Cigarettes / alcohol | \$ |
| Entertainment | \$ |
| Medicines / treatments | \$ |
| Vet costs | \$ |
| Other regular expenses | \$ |
| Describe 'other' expenses: | |
| Total expenditure | \$ |

SUMMARY OF INCOME AND EXPENDITURE

| | |
|---|-----------|
| Total Income from all sources | \$ |
| Total accommodation costs and living expenses | \$ |
| Surplus or shortage: | \$ |

5. **COURSE / UNIVERSITY / TAFE INFORMATION**

Name of Course: _____

Which education institution is your course at? _____

Is the course you are applying for accredited? Yes No

If no, the DWF may not be able to assist, please check for accredited courses.

Are you applying for 1st year? Yes No

If yes:

Have you attached confirmation verifying acceptance to the course? Yes No

Are you applying for continuing study? Yes No

If yes:

Have you attached verification / end of year reports, showing what you have already completed? Yes No

6. **OTHER SCHOLARSHIPS**

Have you applied for any other scholarships / grants? Yes No

If so, where and what was the outcome? _____

Please note, you may also be required to apply for other scholarship / funding sources along with requesting our funding. It is advisable to have an interview with the David Williams Fund coordinator to ensure all options are open.

7. **SUPPORTING STATEMENT**

Please document below what you want to study and how it will improve your health / wellbeing and/ or chances of employment. Please detail why you want to do this particular course of study. Attach a separate piece of paper if necessary: *THIS PART IS MUST BE COMPLETED FOR THE APPLICATION TO BE PROCESSED*

8. ITEM & PAYMENT INFORMATION

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

9. 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.

I have received a copy of the VAC Privacy Policy (Tick Box).

Client's Signature: _____ **Date:** ____/____/2020

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** or I have signed authority for the fund to obtain one
- 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.

David Williams Fund

ABN VAC 52 907 644 835
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51 Commercial Road,
South Yarra VIC 3141.

Ph: (03) 9863-0444

Fax: (03) 9820-3166

I _____ authorise:

- The VAC's David Williams Fund to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink Customer details and concession card status in order to enable the business 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 VAC's David Williams Fund

I understand that:

- The department will use information I have provided to the VAC's David Williams Fund to confirm my eligibility for relevant services and will disclose to the VAC's David Williams Fund my personal information including my name, address, concession card status, payment type, payment status, income, assets, one-off payment, deduction and shared care arrangements.
- This consent, once signed, remains valid while I am a customer of VAC's David Williams Fund unless I withdraw it by contacting the VAC's David Williams Fund or the department.
- I can obtain proof of my circumstances/details from the department and provide it to VAC's David Williams Fund so that my eligibility for relevant services 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 services provided by VAC's David Williams Fund

Name: _____ Centrelink No: _____

Signed: _____ Date / / 2020

Thank you for your assistance,

David Williams Fund

Office Use Only:

Updated By: _____ Date: _____

THH takes your privacy seriously. THH has a legal and ethical obligation to ensure the privacy of information relating to individual clients and their families.

THH's Privacy and Confidentiality Policy reflects the principles outlined in the **Health Records Act 2001**, the **Privacy Act 1988** (Commonwealth - incorporating the Privacy Amendment (Enhancing Privacy Protection) Act 2012) and the **Privacy & Data Protection Act 2014** (Victoria) regarding the collection, use, disclosure, access and protection of any personal or health information we hold.

In line with these principles, THH Policy requires the organisation:

- To only collect and use personal information with the client's prior knowledge and consent
- To only use the personal information provided for the purpose for which it was collected. This may include health service provision, research and auditing purposes.
- To remove personal information from records when it is no longer required, unless it is legally required to be retained and archived
- To ensure policies and procedures are in place to protect the personal information we hold
- To ensure THH's Privacy & Confidentiality Policy is available for clients and the public to access
- Not to disclose personal information to other services or individuals without consent
- Not to disclose personal information to other institutions and authorities unless required by law or other regulations or statutes.

THH also collects data about the use of our website and social media pages. This data is only used to track the performance of our website and social media pages. It is not used to identify individual users or collect personal information.

Feedback provided on THH's website or social media pages about VAC services and programs is downloaded, de-identified and used by THH for service and program improvement.

Email/Social Media addresses provided via the THH website or Social Media will only be used to respond to specific user queries and will not be added to any mailing lists or disclosed to other parties without user's knowledge and consent.

Clients and individuals have the right to access their personal or health information held by THH. Such requests are to be in writing using the *THH Request to Access Client Care Records* form, and addressed to the relevant service manager.

Further information is available from [THH Privacy & Confidentiality Policy](#) and [THH's Client Confidentiality Procedure](#).

For further information about THH's Privacy and Confidentiality Policy, please contact VAC via <https://thorneharbour.org/contact/>, or call **THH's Privacy Officer** on Tel: +61 3 9865 6700 or Toll Free: 1800 134 840.

If you feel the privacy of your health information or personal details has been compromised in any way at THH, please contact our Privacy Officer (contact details as above) about how to make a complaint.

Complaints about privacy and confidentiality breaches can also be directed to:

Health Services Commissioner, Complaints and Information

Tel: 1300 582 113 Fax: +61 3 9032 3111, or write to:

Health Services Commissioner, 26th Floor, 570 Bourke Street, Melbourne Vic 3000

Australian Privacy Commissioner www.oaic.gov.au / enquiries@oaic.gov.au

Commissioner for Privacy & Data Protection

Tel: +61 3 8619 8719 Local Call 1300 666 444 Fax: +61 3 8619 8700 Local Fax: 1300 666 445

enquiries@privacy.vic.gov.au