

**SUBSEQUENT****APPLICATION FOR STUDY ASSIST 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 

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 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

**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:** \_\_\_\_\_  
 \_\_\_\_\_

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 1<sup>st</sup> 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

**4. OTHER SCHOLARSHIPS**

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

If so, where and what was the outcome? \_\_\_\_\_

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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.

**5. 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*

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## 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:** \_\_\_\_/\_\_\_\_/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**
- 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.