

IMPORTANT INFORMATION: Future of Education Student Equity Fund 2024

* indicates a required field

IMPORTANT

Equity Fund 2024 applications close at midnight on 29 November 2024.
Applications received after this date will not be processed.

- Please be aware that incorrect or incomplete information could lead to your application not being approved or delays in payments. Use the [Application Completion Checklist](#) to ensure you have completed everything correctly.
- Sections marked with a red asterisk (*) must be completed.
- When a section has multiple answer choices, please select the box next to your chosen answer/s (this will put a tick ☒ in the box).
- If your circumstances change, e.g., you become ineligible for Centrelink benefits, your Centrelink Card or Health Care Card expires, if your child changes schools, or your bank account changes, you must inform the Future of Education Equity Fund Administrator immediately by contacting via email at EquityFund@act.gov.au or by phone on 02 6207 1818.
- Please complete each page of this application form and **when you have finished select SUBMIT.**

I understand and agree to the above information *

☐ Yes

NEED HELP?

* indicates a required field

Support and feedback

If you have any queries about the Equity Fund or require support completing the online form please contact the Equity Fund Administrator via email: EquityFund@act.gov.au or phone: [02 6207 1818](tel:0262071818), or visit the Education Directorate website: <https://www.education.act.gov.au/support-for-our-students/financial-and-resource-assistance-for-families>.

You may also seek assistance from your school or relevant community organisation.

If you disagree with the outcome of the assessment of your application and would like to discuss this, please contact Families & Students, Complaints & Feedback on [02 6205 5429](tel:0262055429).

You can also provide feedback through the Education Directorate contact form via Access Canberra <https://services.accesscanberra.act.gov.au/s/forms/online-feedback> (select "Government > Other" when choosing a category).

I have read and understand the above information *

☐ Yes
☐ No

FUTURE OF EDUCATION STUDENT EQUITY FUND - P-12 2024

Form Preview

All options must be completed before you can proceed.

FEEDBACK

We would appreciate learning about how you used the 2023 funds or will use 2024 funds to benefit your child's education.

Participating in these survey questions will help us to gain insights into education-related expenses and enhance our services.

Did you receive payment from the Equity Fund in 2023?

- ☐ Yes
- ☐ No

2023 FUNDS

Please tell us how you used the funds to support your child/children's education in 2023.

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Tuition fees | <input type="checkbox"/> School camps | <input type="checkbox"/> Stationery |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Excursions | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Music | <input type="checkbox"/> Uniforms | <input type="checkbox"/> Prefer not to answer |

Other

2024 FUNDS

Please tell us how you plan to use the funds to support your child/children's education in 2024.

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Tuition fees | <input type="checkbox"/> School camps | <input type="checkbox"/> Stationery |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Excursions | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Music | <input type="checkbox"/> Uniforms | <input type="checkbox"/> Prefer not to answer |

Other

FURTHER INFORMATION

* indicates a required field

Would you like to receive information from the Education Directorate about supports or services that might be available to your family (e.g. scholarships, community-based assistance)? *

- ☐ Yes
- ☐ No

FORM ASSISTANCE

* indicates a required field

Did you get help completing this form? *

- ☐ Yes
- ☐ No

If someone helped you fill in this form, and you would like us to contact them with any questions about your application, please provide their contact details (name, phone number and/or email address) below:

Please include all contact details

WHAT BEST DESCRIBES YOU?

* indicates a required field

Please choose one of the following: *

- ☐ I have parental responsibility for dependent student/s
- ☐ I am living with a partner/spouse and have shared parental responsibility for a dependent student/s
- ☐ I am an independent student applying for myself

This question must be completed before you can proceed.

PARENT/CARER OR INDEPENDENT STUDENT DETAILS

* indicates a required field

FUTURE OF EDUCATION STUDENT EQUITY FUND - P-12 2024

Form Preview

Parent/Carer/Independent Student Name *

First Name

Last Name

The applicant is either a person with sole or shared parental responsibility for a student/s, or an independent student. The applicant must be financially responsible for the student/s for whom they are applying for funding.

Parent/Carer/Independent Student Address (MUST BE IN THE ACT) *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

- please note for a unit or townhouse, enter the address as '1/20' rather than 'unit 1 of 20' and keep typing until you identify your address.

Parent/Carer/Independent Student Primary Phone Number (mobile or home) *

Must be an Australian phone number.

Parent/Carer/Independent Student Secondary Phone Number (mobile or home)

Must be an Australian phone number.

Parent/Carer/Independent Student Email Address *

STUDENT(S) DETAILS

Student Details

PLEASE NOTE: **ALL ELIGIBLE STUDENTS CAN BE ON THE ONE APPLICATION FORM TO ASSIST WITH PROCESSING.**

Click the "+" or "-" buttons on the right of the table to add or remove students.

To be eligible for the Equity Fund, students must be:

- **Enrolled full-time in a public or non-government school in the ACT in years P-12.** NOTE: For the purposes of the Equity Fund, a preschool is defined as a preschool that is attached to an ACT school and led by a principal. Only eligible preschools will appear in the drop-down list below.
- **Enrolled in an approved form of education other than a school and of an equivalent age to a student in years K-12.**
- E.g., attending the Canberra Institute of Technology (CIT), registered for home-schooling or Flexible Education in the ACT.

If you are an independent student, please include your details here.

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Form Preview

First Name	Last Name	Middle Name (if applicable)	Date of Birth	Enrolled School	Year Group in 2024
			Must be a date.		

BANKING INFORMATION

* indicates a required field

BANK ACCOUNT DETAILS

Please list the account you wish the payment to be paid into. It may belong to the applicant or a family member.

PAYMENTS CANNOT BE PROCESSED IF BANK DETAILS ARE INCORRECT.

Parent/Carer/Independent Student Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please ensure that you correctly enter the account name, as it appears on your bank statement. The account name is normally your name e.g. Jane Smith, NOT the name of the bank.

Bank or Financial Institution Name *

This should be the name of your bank as it appears on your bank statement.

EVIDENCE REQUIREMENTS

* indicates a required field

What is the evidence of your low-income status: *

- ☐ Centrelink Health Care Card or Pensioner Concession Card
- ☐ Other evidence

CENTRELINK HEALTH CARE CARD

* indicates a required field

Health Care Card or Centrelink Card

To prove low-income status you will need to provide the following:

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Form Preview

A copy of your current means-tested Health Care Card or Centrelink Card (FRONT AND BACK).

Please note:

- - The names of the student/s being claimed for must be shown in the list of dependants, and your signature must be on the back.
 - Health Care Cards endorsed 'FO' 'CD' 'MO' & 'DSP Blind' do not meet the evidence requirements. Medicare cards are **not** acceptable evidence of low-income status.

Please upload a copy of BOTH SIDES (front and back) of your Health Care Card or Centrelink Card. You can either take a photograph of your card or provide a photocopy. You can upload multiple documents. *

Attach a file:

All options must be completed before you can proceed.

OTHER EVIDENCE

*** indicates a required field**

Other forms of evidence proving your low-income status or equivalent financial stress.

Please note:

- - The [Services Australia Income test for the Low Income Health Care Card](#) table will be used to assess your evidence to determine the level of financial hardship.
- - To provide a sufficient overview of your financial status, you will need to provide the following forms of alternative evidence:
 - Latest copy of an Australian Taxation Office Notice of Assessment.
 - Latest copies of payslips demonstrating income for the 8 weeks prior to application submission date.
- - You may also provide supporting evidence that will be considered during assessment, including:
 - Evidence/corroboration from a community agency, school, or equivalent confirming that the applicant is facing extenuating circumstances that prevent them from financing educational costs
 - Bank statements and account balances
 - Family Benefit Statement
 - Investments and scholarships
 - Liabilities such as rent, mortgage, utilities, phone, groceries, health cover, car expenses

If you are providing evidence other than a Centrelink issued Health Care Card or Pensioner Concession Card, please note the eligibility criteria for the fund has changed. We require **partnered applicants who provide evidence other than a Centrelink Health Care**

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Form Preview

Card or Pensioner Concession Card to demonstrate combined income.(i.e, for both partners)

If you are providing evidence other than a Centrelink issued Health Care Card or Pension Concession Card - do you live with a partner/spouse and have shared parental responsibility? *

- ☐ Yes
☐ No

If you answered 'Yes' you are required to provide evidence **demonstrating the combined income of partners.**

If you answered 'No', you are required to provide evidence demonstrating your own income only.

OTHER EVIDENCE - APPLICANT AND PARTNER

* indicates a required field

Please upload evidence of low-income status. You can attach multiple documents. *

Attach a file:

Please upload evidence of your partner's low-income status. You can attach multiple documents. *

Attach a file:

PARTNER DETAILS

* indicates a required field

If you are living with a partner/spouse and have shared parental responsibility for a dependent student/s:

Partner Name *

First Name

Last Name

Partner Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

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- please note for a unit or townhouse, enter the address as '1/20' rather than 'unit 1 of 20' and keep typing until you identify your address.

Partner Primary Phone Number (mobile or home) *

Must be an Australian phone number.

Partner Secondary Phone Number (mobile or home)

Must be an Australian phone number.

Partner Email *

Must be an email address.

OTHER EVIDENCE - APPLICANT ONLY

* indicates a required field

Please upload alternative evidence of low-income status. You can attach multiple documents. *

Attach a file:

PROOF OF RESIDENTIAL ADDRESS

Proof of residential address

To apply for the Equity Fund, you must be an ACT resident. To verify your current ACT address you must provide evidence such as:

- A Centrelink Health Care Card or Pensioner Concession Card
- A copy of your current driver licence
- A utility bill that shows your current residential address

If your residential address differs from the information listed on any of your evidence documents, you must upload proof that your current residential address is in the ACT.

Please upload evidence of residency if required

Attach a file:

INDEPENDENT STUDENT STATUS

Evidence of independent student status

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If you are an independent student, you need to provide evidence of your independent student status or, if evidence of your status has already been provided to your school, by selecting the 'contact school' option below.

For more information on the types of evidence that can be supplied to prove independent student status, please contact the Equity Fund Administrator via email: EquityFund@act.gov.au or phone: [02 6207 1818](tel:0262071818).

Please upload any relevant evidence of independent student status here

Attach a file:

☐ OR I give permission for ACT Education Directorate staff to contact my school to confirm independent student status

PRIVACY

* indicates a required field

IMPORTANT INFORMATION

BEFORE SUBMITTING THIS FORM, PLEASE CHECK THAT ALL PARTS OF THIS FORM HAVE BEEN COMPLETED CORRECTLY (download the [Application Completion Checklist](#) for assistance).

INCORRECT OR INCOMPLETE INFORMATION COULD LEAD TO YOUR APPLICATION NOT BEING APPROVED OR DELAYS IN PAYMENTS.

If you require assistance please contact the Equity Fund Administrator via email: EquityFund@act.gov.au or phone: [02 6207 1818](tel:0262071818).

Privacy statement

If you fill in this form, your personal information and that of your dependent student/s will be collected and handled by the Education Directorate. This information is necessary for us to be able to determine your eligibility for the Future of Education Equity Fund. If you do not consent to supply us with this information, we will be unable to assess your application.

We will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose, or if required by law.

This information will only be accessible to employees responsible for the management and administration of the Fund.

Checks may be made with education institutions to confirm enrolment and attendance details, with financial institutions to verify account details to ensure that payment is made correctly, and with Centrelink to verify concession entitlements.

The Education Directorate's [Privacy Policy](#) explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website at https://www.education.act.gov.au/publications_and_policies/policies.

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You can find more information on how Smarty Grants collects and handles your personal information in the Smarty Grants [Privacy Policy](https://smartygrants.com/uploads/general/SG/Policies/2021-04-V6-Our-Community-Privacy-Policy.pdf) available at: <https://smartygrants.com/uploads/general/SG/Policies/2021-04-V6-Our-Community-Privacy-Policy.pdf>

I have read and agree to the above privacy statement. *

- ☐ Yes
☐ No

Must have a option chosen to proceed.

AGREEMENT

* indicates a required field

AGREEMENT

By applying for financial assistance through the Equity Fund, you are agreeing to the following obligations and the conditions:

I **WILL** advise the Education Directorate promptly in writing of any change to my:

- address, phone number or bank details
- low-income status. E.g., changes to my eligibility for a Centrelink Health Care Card or Centrelink Card, or changes to alternative evidence provided proving low-income status.

OR if any student claimed for:

- fails to commence studies on the expected date.
- discontinues full time studies.
- transfers from one school to another
- ceases to be my dependent.

I declare that: the information I have provided in this form is complete and correct AND that I am eligible to receive funds from the Future of Education Equity fund as I, and the student/s, on whose behalf I am applying, meet the eligibility criteria. *

- ☐ Yes

I confirm that: *

- ☐ I have sole parental responsibility for the dependent student/s I am applying on behalf of, OR
☐ I have shared parental responsibility (which may be governed by Family Court orders) for the student/s I am applying on behalf of AND I have the consent of the other parent to apply for and receive payment of funding for use to benefit the student/s that we share responsibility for, OR
☐ I am an independent student

Please only select one option

I consent to: the Education Directorate collecting, using and disclosing information about me to verify information provided by the applicant (including through educational institutions and other government authorities such as Centrelink) *

- ☐ Yes

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I understand that: giving false or misleading information is a serious offence and may result in the Education Directorate recovering funds provided through the Equity Fund, civil and/or criminal penalties including prosecution. *

☐ Yes

All questions must be completed before you can proceed.

Review form

Your form has not been submitted yet. Please review your answers on the next page and use the [Application Completion Checklist](#) to correct any errors you find.

Click the **Submit** button on the bottom right of the next page when you are ready to submit this form.

This form must be submitted before midnight on 29 November 2024.