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Future of Education Student Equity Fund 2025

* indicates a required field

Important information

Equity Fund 2025 applications close at midnight on 28 November 2025. Applications received after this date will not be processed.

- Please be aware that incorrect or incomplete information could lead to your application being declined or a delay in your payment being processed. Use the <u>Application</u> <u>Completion Checklist</u> to ensure you have completed the form 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).
- Please complete each page of this application form and when you have finished select SUBMIT.

	l un	derstand	and	agree	to the	above	informatio	1
(O Y	'es						

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: 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 to complete your application.

One-off annual payment reminder

* indicates a required field

The Equity Fund is a one-off annual payment per student.

Have you already received payment for your dependent(s) from the Equity Fund in the 2025 application round (December 2024 to November 2025)? *

Yes

 \bigcirc No

If your dependent(s) have already received payment in the 2025 application round, they are not eligible for another payment until the 2026 application round.

If you have other dependent students that have not yet received payment in the 2025 round, please proceed with this application.

If all your dependents have already received payment in the 2025 round, your application will not be approved.

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If your application is approved and your dependent(s) receive payment in the 2025 application round, they will not be eligible for another payment until the 2026 application round.

Please proceed with this application.

Privacy Statement

* indicates a required field

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.

Any information collected by the Directorate during the period of the Equity Fund grant, including but not limited to fraudulent activity, may be used to assess future Equity Fund applications. Examples of fraudulent activity include a failure to notify the Directorate that you no longer reside in the ACT or that you have become ineligible to receive Centrelink benefits.

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.

You can find more information on how Smarty Grants collects and handles your personal information in the Smarty Grants Privacy Policy available at: https://www.communitydirectors.com.au/uploads/general/OC-Policies/2024-02-V7-Our-Community-Privacy-Policy.pdf

Ιh	ave	read and agree to the above privacy statement.	k
0	Yes		
0	No		
Mu	st hav	ve a option chosen to proceed.	

Feedback & Form Assistance

* indicates a required field

Feedback

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Form assistance

You can 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) or Families & Students, Complaints & Feedback on 02 6205 5429.

If you disagree with the assessment outcome of your application and would like to discuss this contact the Equity Fund via email: EquityFund@act.gov.au or phone: 0262071818.

Are you receiving ass O Yes O No	sistance to complet	e this application form? *
	who helped you to Last Name	complete this application *
i iist ivaille	Last Name	
Organisation name (optional)	
Email address *		
Must be an email address		
Phone number *		
Must be an Australian pho	one number.	

Funding Survey

* indicates a required field

We invite you to participate in our funding survey to share how you have used the 2024 funds to benefit your child's education.

We also would like to hear how you intend to use 2025 funds to benefit your child's education.

This will assist us to understand how the funds have contributed to education-related expenses and enable us to enhance our services.

Die	d you	receive	payment	from the	Equity	Fund in	2024?
0	Yes						
0	No						

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Please tell us how you	ou used the funds to suppo	rt your child/children's education			
☐ Tuition fees ☐ Sport ☐ Music	☐ School camps☐ Excursions☐ Uniforms	☐ Stationery☐ Prefer not to answer☐ Other (please describe below)			
Other					
Please tell us how v	ou plan to use the funds to	support your child/children's			
education in 2025.					
☐ Tuition fees☐ Sport	☐ School camps☐ Excursions	☐ Stationery☐ Other (please describe below)			
□ Music	□ Uniforms	☐ Prefer not to answer			
Other					
	that might be available to	Education Directorate about your family (e.g. scholarships,			
Applicant's Deta	ils				
* indicates a required f	field				
*					
 I am a primary carer for dependent student/s I am an independent student. I am not living in my family household 					
Applicant details * First Name	Last Name				
Address (Must be ar Address	n ACT resident) *				

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Address Line 1, Suburb/Town, State/Province, and Postcode are required.

• 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.

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Alternative phone number

Must be an Australian phone number.

Student Details

* indicates a required field

Student Details

Families, please use one application form for all your dependants who are attending ACT Schools.

Look for the "+" button on the lower right of your screen to add more students. Or use the "-" button to 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 Preschool to Year 12. The Equity Fund definition of a preschool is the preschool 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 of equivalent age and study to a student in Preschool to Year 12. For example: studying at the Canberra Institute of Technology (CIT) in year 10, year 11 or year 12 equivalent course, registered for homeschooling or Flexible Education in the ACT.

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

First name	Middle name (if applicable)	Date of birth	Enrolled school	Year in 2025

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Ιg	jive permission for	ACT Education	Directorate	staff to	contact my	school to
CO	nfirm independent	student status	*			
0	Yes					

Canberra Institute Of Technology (CIT) student

* indicates a required field

Ar	e any c	of the st	udents o	n this ap	plication	attending	CIT in	2025?	*
0	Yes								
\circ	No								

To be eligible for the Student Equity Fund, a CIT student must be enrolled in a CIT course that is equivalent to Year 10, Year 11 or Year 12. Checks will be made with CIT to confirm enrolment details.

Evidence proving your low-income status

* indicates a required field

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

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

To provide a copy of your current means-tested Centrelink Health Care Card or Pensioner Concession Card (front and signed back of card).

- The names of the student/s being claimed for must be shown in the list of dependants.
- 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.

You can either take a photograph of your card or provide a photocopy. You can upload multiple documents.

Front side of your Health Care Card / Pensioner Concession Card * Attach a file:

A minimum of 1 file must be attached.

All options must be completed before you can proceed.

Signed back side of your Health Care Card / Pensioner Concession Card * Attach a file:

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A minimum of 1 file must be attached.

Other income evidence

The <u>Services Australia Income test for the Low Income Health Care Card</u> table will be used to assess your evidence to determine your low-income status.

If you are providing evidence other than a Centrelink issued Health Care Card or Pensioner Concession Card, the eligibility criteria for the fund requires **partnered applicants to demonstrate combined income**. (i.e., for both partners).

Describe your household *

- I am a single parent household
- Our household is married, defacto, step-parent or otherwise partnered

Other income evidence

The <u>Services Australia Income test for the Low Income Health Care Card</u> table will be used to assess your evidence to determine your low-income status.

If you are providing evidence other than a Centrelink issued Health Care Card or Pensioner Concession Card, the eligibility criteria for the fund requires **partnered applicants to demonstrate combined income**. (i.e., for both partners).

Describe your household *

- I do not live with a partner
- I live with a partner (married, de facto or otherwise)

Your income

To provide a sufficient overview of your low-income status, you will need to provide the following evidence:

Payslips that demonstrate income ea	arned for the past 8 weeks, or other
documents that provides evidence o	f income earned for the past 8 weeks *
Attach a file:	

Your latest Notice of Assessment from t your Non-Lodgement Advice from the A ⁻ Attach a file:	

Centrelink Confirmation eServices Consent

* indicates a required field

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I authorise:

- The ACT Education Directorate (the Directorate) to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink customer details and concession card status to enable the Directorate to determine if I qualify for the Future of Education Equity Fund (the Equity Fund).
- Services Australia to provide the results of that enquiry to the Directorate.

Lunderstand that:

- Services Australia will disclose personal information to the Directorate including my name, address, payment type, payment status, concession card type and concession card status to confirm my eligibility for the Equity Fund.
- This consent, once signed, remains valid while I am a customer of the Directorate unless I withdraw it by contacting the Directorate or Services Australia. I can get proof of my circumstances or details from Services Australia and provide it to the Directorate so they can determine my eligibility for the Equity Fund.
- If I withdraw my consent or don't alternatively provide proof of my circumstances or details, I may not be eligible for the Equity Fund provided by the ACT Education Directorate.

I agree with the above statement and give consent for the Directorate to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status to determine if I qualify for the Equity Fund *

0	Yes
\bigcirc	No

- I confirm that the electronic signature in this consent represents my signature
- I consent to signing the form electronically and I confirm that my signature is legally binding.

Signed * First Name	Last Name
Date *	
Must be a date and no ea	arlier than 2/12/2024.

Your partner's income

* indicates a required field

To provide a sufficient overview of your household income, you will need to provide the following evidence from your partner:

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		r's income earned for the past 8 weeks, or ce of income earned for the past 8 weeks *
	partner's latest Notice o Non-Lodgement Advice	of Assessment from the Australian Taxation from the ATO *
Banking Info	ormation	
* indicates a req	uirea neia	
	bank account to receive	the funds. BANK DETAILS ARE INCORRECT.
Nominated Bar Account Name	nk Account *	
BSB Number	Account Number	
Please ensure that		nt name, as it appears on your bank statement. The mith, NOT the name of the bank.
	ial Institution Name *	
This should be the	name of your bank as it appe	ars on your bank statement.

Agreement

* indicates a required field

By applying for financial assistance through the Future of Education 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, and
- 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:

- is not attending an ACT school,
- discontinues full time studies,

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- transfers from one school to another, or
- 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 am a primary carer for the dependent student/s I am applying on behalf of, OR
○ I am a primary carer with shared responsibility for the students in this application, and I have the consent of the other parent to apply to the Fund and receive the monies for the children's educational expenses. 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 government authorities (Centrelink) *

○ Yes

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. *

O Yes

I understand that: any information provided in this form or collected by the Education Directorate in assessing my application or in administering the Fund may be used to assess the eligibility of any future applications. *

Yes

All guestions must be completed before you can proceed.

Review form

Incorrect or incomplete information will lead to delays in payment or your application not being approved for payment.

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 28 November 2025.