2014 UOW Equity / Community Equity Scholarship Questionnaire

Personal Details

Name
Title
Surname/Family Name
Given Name
Postal Address
Number and Name of Street or PO Box
Suburb
State
Postcode
Country
Telephone Number
Date of Birth
Gender  Male  Female
Citizenship
Australian Citizen
Holder of an Australian permanent resident humanitarian visa
New Zealand citizen
Holder of an Australian permanent resident visa
Holder of a temporary protection visa

Equity Application Instructions

ALL applicants are required to complete questions in Sections 1 & 11. Incomplete applications will not be processed. The following questions will assist you in determining which other sections you need to complete. There is also space available in Section 11 for you to provide any further information to support your application.

Are you currently receiving a Centrelink (or other commonwealth) means-tested income support payment?  Yes ~ go to S2  No ~ go to S3

*Centrelink (or other Commonwealth) means-tested income support payments are subject to an income and assets test. Family Tax Benefit Part A and Family Tax Benefit Part B are NOT income- and assets-tested payments

Are you an Australian Aboriginal or Torres Strait Islander?  Yes ~ go to S4  No

Did you or will you move from a regional or remote area to undertake tertiary study?  Yes  No

Are you a sole parent?  Yes ~ go to S5  No

Is your ability to study being affected or is likely to be affected by long-term and on-going effects of:
• your severe, long-term or recurrent medical/psychiatric condition or illness, or
• your learning, sensory, physical, psychological or other disability/disorder, or
• abuse (e.g. domestic violence, emotional abuse, psychological abuse, incest, ritual abuse, physical abuse, sexual abuse, or torture)?  Yes ~ go to S6  No

Do you have carer responsibilities?  Yes ~ go to S7  No

Are you from a non-English speaking background  Yes ~ go to S8  No

Are you a female intending to enrol or are enrolled in an Engineering, Informatics or Science course  Yes  No

Are you currently in receipt of a scholarship?  Yes ~ go to S9  No

Would you like to provide a voluntary personal statement?  Yes ~ go to S10  No
### SECTION 1: Financial Information

#### ALL Applicants MUST answer this section

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes ~ go to</th>
<th>No ~ go to</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Have you received any income from paid employment during the last twelve months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Please indicate the amount received (before tax)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please attach a copy of one of the following to your application:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• an income tax assessment for the last financial year OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a group certificate OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a recent pay advice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Living with Parents

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes ~ go to</th>
<th>No ~ go to</th>
</tr>
</thead>
<tbody>
<tr>
<td>c) Are you living with your parents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Do you receive support from your parents? (either financial or material support)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Please indicate in your parents’ combined income by ticking the relevant box.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please attach a copy of one of the following to your application:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• an income tax assessment for the last financial year OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a group certificate OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a recent pay advice.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Living with a Partner

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes ~ go to</th>
<th>No ~ go to</th>
</tr>
</thead>
<tbody>
<tr>
<td>f) Are you living with a partner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Please indicate in your partner’s income by ticking the relevant box.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please attach a copy of one of the following to your application:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• an income tax assessment for the last financial year OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a group certificate OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a recent pay advice.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

h) Detail your current living arrangements and means of income.
**SECTION 2: Centrelink Information**

**a)** Centrelink Reference Number (CRN): [ ]

**b)** What type of means-tested Commonwealth income support payment are you receiving?

*We will use your CRN to request Centrelink to electronically provide a statement of information so that we can assess your Equity Scholarships application.*

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Allowance, living at home</td>
<td>☐</td>
</tr>
<tr>
<td>Youth Allowance, living away from the home</td>
<td>☐</td>
</tr>
<tr>
<td>Youth Allowance, independent</td>
<td>☐</td>
</tr>
<tr>
<td>Austudy</td>
<td>☐</td>
</tr>
<tr>
<td>ABSTUDY</td>
<td>☐</td>
</tr>
<tr>
<td>New Start</td>
<td>☐</td>
</tr>
<tr>
<td>Disability Support Pension</td>
<td>☐</td>
</tr>
<tr>
<td>Parenting Payment</td>
<td>☐</td>
</tr>
<tr>
<td>Carer Payment</td>
<td>☐</td>
</tr>
<tr>
<td>Other, please specify:</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Student Consent**

This consent will be used for the sole purpose of authorising Centrelink to provide information to the University of Wollongong, to assess your eligibility in relation to concessions or services provided by the University of Wollongong.

I ________________________(PRINT YOUR FULL NAME) authorise Centrelink to electronically provide a statement to the University of Wollongong, to assist in the assessment of my entitlement to services from the University of Wollongong. I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.

I understand that this authority, once signed, is effective only for that period I am a customer of the University of Wollongong. I understand that this authority, which is ongoing, can be revoked at any time by giving notice to the University of Wollongong.

I understand that I will be able to obtain a written copy of the Statements at any time from either the University of Wollongong or Centrelink.

A brochure is available from Centrelink that provides more details about the Centrelink Confirmation services or on Centrelink’s website at [http://www.centrelink.gov.au](http://www.centrelink.gov.au)

Signature _____________________________ Date ___________________
SECTION 3: Exceptional Financial Hardship and NOT in Receipt of Centrelink Benefits

Only complete this question if you are not currently receiving a Centrelink (or other Commonwealth) means-tested income support payment and you believe you can demonstrate exceptional financial hardship.

a) Explain why you are not eligible for a Centrelink (or other Commonwealth) means-tested support payment.

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

b) Describe your current means of support and the financial hardship you are experiencing and will continue to experience.

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

c) What was the period of financial hardship up until now?

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d) Do you expect your financial hardship to continue? If so, for how long? Explain Why.

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Documentation required for exceptional financial hardship

You must attach to your application documents applicable to you:

- an ATO Notice of Financial Assessment for the last financial year
- copies of pay slips for the last two months
- a copy of your Health Care Card
- a copy of a statement with details of any Centrelink payment you are receiving that is not both income- and assets-tested.

AND

If you are living at home with your parents and are being financially supported, please provide:

- ATO Notice of Financial Assessment for the last financial year for each parent
- Prepare a statement that your parents are supporting you. In the statement it must also provide details of any other dependent children, including their ages and whether or not they are tertiary students and living at home.

If you are living with a partner and are being financially supported, please provide:

- ATO Notice of Financial Assessment for the last financial year for your partner
- Prepare a statement that your partner is supporting you. In the statement it must also provide details of any other dependent children, including their ages and whether or not they are tertiary students and living at home.

Attach to your application any other documents you wish in order to demonstrate your exceptional financial hardship.

SECTION 4: Australian Aboriginal or Torres Strait Islander Declaration

I, ____________________________

Applicant’s name

of ____________________________

Applicant’s current address

- am of Australian Aboriginal or Torres Strait Islander descent AND
- identify as an Australian Aboriginal or Torres Strait Islander AND
- am accepted as an Australian Aboriginal or Torres Strait Islander by the community in which I live, or have lived.

☐ Yes  ☐ No

☐ Yes  ☐ No

☐ Yes  ☐ No

If you have answered no to one or more of the above, your Equity Scholarship application will be assessed, but you will not be identified as an Australian Aboriginal or Torres Strait Islander.

Signature _______________ Date _______________

If your Aboriginality is questioned you will be asked to provide evidence to prove you meet all three parts of the above Declaration.
## SECTION 5: Sole Parent Responsibilities

<table>
<thead>
<tr>
<th>Children</th>
<th>Age</th>
<th>School Year</th>
<th>Care Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>list oldest to youngest</td>
<td></td>
<td>K-12</td>
<td>(e.g. day care centre, family day care, family member, at home)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>write year</td>
<td>Please specify and include hours per week</td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Documentation required for sole parent responsibilities**

If you are not in receipt of a Parenting Payment you must arrange for the below independent statement to be completed. The statement must be completed by a responsible person able to comment on your sole parent status.

The person must not be related to you and must be aware of your sole parent responsibilities and be able to verify the impact these responsibilities will have on your ability to undertake university study.

Examples of a responsible person are a school principal, year/careers adviser, doctor, lawyer, accountant, social worker, counsellor, religious or community leader.

**Independent statement**

This section is **not** to be completed by the applicant

How long have you been aware (either personally or indirectly) of the circumstances described by the applicant?  

| Years | Months |

The sole parent circumstances are affecting/are likely to affect the applicant’s ability to undertake university study in the following way/s:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**Details of person completing the Independent statement**

Name (print) ____________________________ Position/occupation ____________________________

Name of the organisation (if applicable) _________________________________________________

Address ____________________________ State ________________ Postcode ________________

Daytime tel. ____________________________ Alternative daytime tel. ____________________________ Fax ____________________________

Signature ____________________________ School stamp or business stamp (if one exists)

Date ____________________________
SECTION 6: Long-term medical condition/disability or ongoing effects of abuse

a) Are you in receipt of a Disability Support Pension?  
☐ Yes ~ end of Q6  
☐ No ~ go to b

b) Is your ability to study at university affected, or is likely to be affected, by the long-term and ongoing effects of:
   • your severe, long-term or recurrent medical/psychiatric condition or illness, or
   • your learning, sensory, physical, psychological or other disability/disorder, or
   • abuse (e.g. domestic violence, emotional abuse, psychological abuse, incest, ritual abuse, physical abuse, sexual abuse, or torture)?
   
   ☐ Yes ~ complete c-e  
   ☐ No ~ end of Q6

Our Commitment to Privacy: The University of Wollongong is committed to protecting your privacy. UOW (including its controlled entities) will take all reasonable steps to ensure that the collection, use, disclosure and handling of your personal information complies with both the Privacy and Personal Information Act 1998 (NSW) and the Privacy Amendment (Private Sector) Act 2000 (Cth). The University’s Privacy Policy may be viewed at www.uow.edu.au/about/privacy or by calling 1300 367 869 (within Australia).

c) Describe the nature of your long-term medical condition, disability or ongoing effects of abuse.

______________________________________________________________________________________________________________________________________________________

d) Do you expect your long-term medical condition, disability or the effects of your abusive circumstances to continue? If so, for how long?

______________________________________________________________________________________________________________________________________________________

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e) Describe how your long-term medical condition, disability or the effects of your abusive circumstances is affecting, or is likely to affect, your ability to undertake university study.

______________________________________________________________________________________________________________________________________________________

Documentation required for long-term medical condition, disability or ongoing effects of abuse

You must attach to your application medical certificates/reports to support the above personal statement.

SECTION 7: Carer responsibilities

a) Are you in receipt of a Centrelink Carer Payment?  
☐ Yes ~ end of Q7  
☐ No ~ go to b

b) Are you a carer who is not in receipt of a Centrelink Carer Payment?  
   For the purpose of this application, a carer is defined as a person of any age who, without being paid, cares for another person who needs ongoing support because of a long-term medical condition, a mental illness, a disability, frailty or the need for palliative care. A carer may or may not be a family member and may or may not live with the person. Volunteers under the auspices of a voluntary organisation are not included.

   ☐ Yes ~ complete c-e  
   ☐ No ~ end of Q7

and Independent statement

c) Describe the exact responsibilities you have, including who you care for, their relationship to you, and why they need a carer.

______________________________________________________________________________________________________________________________________________________

d) Indicate the number of hours a week you undertake carer responsibilities. Tick the appropriate box below.

☐ less than 15  ☐ 15-20  ☐ 21-30  ☐ 31-40  ☐ 41-50  ☐ 51+

e) Do you expect these responsibilities to continue? If so, for how long?

______________________________________________________________________________________________________________________________________________________

Questionnaire Page 6
If you are **not** in receipt of a Carer Payment or Carer Allowance you must arrange for independent statement below to be completed. The statement must be completed by a responsible person able to comment on your carer status. The person must not be related to you and must be aware of your carer responsibilities and be able to verify the impact these responsibilities will have on your ability to undertake university study.

Examples of a responsible person are a school principal, year/careers adviser, doctor, lawyer, accountant, social worker, counsellor, religious or community leader.

### Independent statement

**This section is **not** to be completed by the applicant**

How long have you been aware (either personally or indirectly) of the circumstances described by the applicant?

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The carer circumstances are affecting/are likely to affect the applicant's ability to undertake university study in the following way/s:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Details of person completing the Independent statement

<table>
<thead>
<tr>
<th>Name (print)</th>
<th>Position/occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the organisation (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Daytime tel.</th>
<th>Alternative daytime tel.</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature__________________________ School stamp or business stamp (if one exists)

Date__________________________

### Declaration – Provision of third-party health information

If you are providing health information about someone other than yourself, you should obtain that person's consent where possible* by requesting that person to complete, sign and date the following declaration.

I __________________________ give consent for __________________________

to supply health information about me in this Equity Scholarships application. I understand that I can access my health information by writing to UoW.

Signature__________________________ Date__________________________

*You may not be able to obtain that person’s consent in writing, or it may not be appropriate to seek their consent due to extenuating circumstances. In this case you must provide an explanation. Please complete, sign and date the following declaration.

After having taken reasonable steps to obtain third-party consent in order to provide health information about that person, I was unable to because:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature__________________________ Date__________________________
SECTION 8: English language difficulty

a) Will your English language difficulties, resulting from your non-English speaking background, affect your ability to study at university?  □ Yes  □ No

b) Did you come directly to Australia from a non-English speaking country before 2001?  □ Yes  □ No

c) Before you arrived in Australia did you undertake any formal education at an institution where the language of instruction was English?  □ Yes  □ No

(This does not include study you may have undertaken to enable you to sit an English proficiency test recognised by participating institutions, eg the International English Language Testing System (IELTS).)

d) Have you undertaken two or more years of full-time study in Australia in a diploma, advanced diploma, Bachelor degree or higher level award?  □ Yes  □ No

SECTION 9: Current Scholarship Funds

a) Please complete the fields below if you currently hold a scholarship:

<table>
<thead>
<tr>
<th>Name of scholarship</th>
<th>$</th>
<th>Annual Amount of scholarship</th>
<th>Duration of scholarship</th>
</tr>
</thead>
</table>

SECTION 10: Voluntary Personal Statement

If you would like to provide any further information, please do so here (Maximum 250 words):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
SECTION 11: Privacy, General Consent and Disclosure

Our Commitment to Privacy: The University of Wollongong is committed to protecting your privacy. UOW (including its controlled entities) will take all reasonable steps to ensure that the collection, use, disclosure and handling of your personal information complies with both the Privacy and Personal Information Act 1998 (NSW) and the Privacy Amendment (Private Sector) Act 2000 (Cth). The University’s Privacy Policy may be viewed at www.uow.edu.au/about/privacy or by calling 1300 367 869 (within Australia).

Consent: I understand that UOW may need to verify the information I have supplied and thus it may exchange data with other institutions for this purpose. I further understand that UOW deals with regulatory bodies and also includes a number of separate entities, any of which may be granted all or part of this information to assist students in their work at UOW.

Disclosure: The information provided may be used for (but not limited to) the following purposes and/or reasonably related purposes:
- The Assessment of your scholarship application for suitability for the award of an undergraduate scholarship.

Declaration

I declare I have read and accepted the above terms and conditions of this scholarship application and that the information I have submitted is correct and complete.

Signature ____________________________ Date ______________________

Application Checklist

Have you:

- answered all sections relevant to you
- provided your Centrelink Customer Reference Number if applicable
- attached all necessary supporting documentation (copies not originals)
- kept a photocopy of this application and all attachments for your reference
- signed and dated the declaration above and any relevant declarations within the application

Submitting your application

post your application:

Scholarships Office
University of Wollongong
Student Central, Building 17
WOLLONGONG, NSW, 2522

or

deliver your applications:

Student Central
University of Wollongong
Building 17, Ground Floor