

Employee application form - Housing assistance, commuting subsidy, income supplementation and dislocation assistance

Please note: Receipt of this subsidy/assistance may affect Commonwealth Support Payments (either in full or in part). It is the applicant's responsibility to make enquires with Centrelink on the impact of payments under the Workers Assistance Scheme prior to applying for assistance.

Eligibility requirements

- Proof of employee identity (acceptable forms of ID are drivers licence or birth certificate as well as Medicare card)
- Proof of retrenchment and redundancy payment amount i.e. severance letter
- Proof of NSI residence (if applying for commuting subsidy or housing assistance) e.g. rates notice, drivers licence or electricity bill
- Proof of ongoing rental payment or mortgage repayment for NSI residence (if applying for housing assistance) e.g. copy of lease or bank statement
- Motor vehicle registration renewal notice and confirmation of motor vehicle registration payment (if applying for commuting subsidy)
- Group certificate from previous financial year and proof of current earnings (if applying for income assistance)

Applicant information

Office use only - ESM to complete Case number:		Sibelco employee number:
Title:	Surname:	Given name(s):
Date of birth:		
Home address:		
Home phone:		Mobile:
Email:		
What was your final ordinary earnings at Sibelco (as specified on group certificate)		\$
Are you employed in alternative employment, following retrenchment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your ordinary earnings per week at your alternative employment?		\$

1 Housing assistance

1.1 Is your principal place of residence on North Stradbroke Island?	Yes <input type="checkbox"/> Go to question 1.2	No <input type="checkbox"/> Go to section 3
1.2 Do you have an ongoing rental payment or mortgage payment due for your residence on North Stradbroke Island?	Yes <input type="checkbox"/> Continue to section 2	No <input type="checkbox"/> Go to section 2
Office use only - ESM eligibility assessment	Yes	No

2 Commuting subsidy

2.1 Is your principal of residence on North Stradbroke Island?	Yes <input type="checkbox"/> Go to question 2.2	No <input type="checkbox"/> Go to section 3
2.2 Are you claiming subsidy for motor vehicle registration? (If only claiming ferry - see section 2.3 below)	Yes <input type="checkbox"/> Go to question 2.3	No <input type="checkbox"/> Go to section 2.3
2.3 What portion of the commuting subsidy are you claiming on ferries to/from North Stradbroke Island and what portion on motor vehicle registration (max. \$1,500) See FERRY REIMBURSEMENT FORM to claim payment in arrears for ferry travel	Please specify breakdown:	
	Ferry: \$	Motor vehicle rego: \$
2.4 Was motor vehicle registration due after the date you were retrenched from Sibelco?	Yes <input type="checkbox"/> Go to question 2.5	No <input type="checkbox"/> Go to section 3
2.5 Is motor vehicle registration in your name (or joint names)?	Yes <input type="checkbox"/> Go to question 2.6	No <input type="checkbox"/> Go to section 3
2.6 Has motor vehicle registration been paid?	Yes <input type="checkbox"/> Continue to section 3	No <input type="checkbox"/> Go to section 3
Office use only - ESM eligibility assessment	Yes	No

3 Income supplementation

3.1 Did you receive a redundancy from Sibelco?	Yes <input type="checkbox"/> Continue to section 4	No <input type="checkbox"/> Go to question 3.2
3.2 Were you employed as a permanent employee with Sibelco?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Office use only - ESM eligibility assessment	Yes	No

4 Dislocation assistance

4.1 Did you receive a redundancy from Sibelco?	Yes <input type="checkbox"/> Go to question 4.2	No <input type="checkbox"/>																				
4.2 Was the redundancy amount you received less than that offered under the Dislocation Assistance in the below table? If yes, provide proof of redundancy payment amount.	Yes <input type="checkbox"/>	No <input type="checkbox"/>																				
<table border="1"> <thead> <tr> <th colspan="4">Years of Eligible Service</th> </tr> </thead> <tbody> <tr> <td>Less than 2 years</td> <td>\$ 8,600</td> <td>11 years but less than 14 years</td> <td>\$34,500</td> </tr> <tr> <td>2 years but less than 5 years</td> <td>\$13,000</td> <td>14 years but less than 17 years</td> <td>\$43,100</td> </tr> <tr> <td>5 years but less than 8 years</td> <td>\$17,250</td> <td>17 years but less than 20 years</td> <td>\$51,600</td> </tr> <tr> <td>8 years but less than 11 years</td> <td>\$25,800</td> <td>20 years and over</td> <td>\$60,200</td> </tr> </tbody> </table>			Years of Eligible Service				Less than 2 years	\$ 8,600	11 years but less than 14 years	\$34,500	2 years but less than 5 years	\$13,000	14 years but less than 17 years	\$43,100	5 years but less than 8 years	\$17,250	17 years but less than 20 years	\$51,600	8 years but less than 11 years	\$25,800	20 years and over	\$60,200
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Applicant bank details

Account name:	
BSB:	Account number:

Applicant declaration

Privacy Statement: The Department of State Development, Manufacturing, Infrastructure and Planning collects your personal information in order to provide assistance under the North Stradbroke Island Workers Assistance Scheme (WAS). The Department of State Development, Manufacturing, Infrastructure and Planning will forward your information to the Department of Employment, Small Business and Training for the purpose of administering the WAS. Your information may also be provided to other Queensland agencies, agencies of other States, Australian Government agencies, local government and non-government organisations including business entities, for the purpose of administering, monitoring, auditing, evaluating and promoting the WAS. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

I, _____ (applicant's full name) hereby declare that the information I have provided is true and correct and that I have not previously applied for or received the same assistance measure under the WAS. I understand giving false or misleading information to obtain a benefit from the Queensland Government is fraudulent and may contravene section 408C of the Queensland Criminal Code.

I understand that the receipt of this subsidy/assistance may affect Commonwealth Support Payments (either in full or in part) and it is my responsibility to make enquires with Centrelink on the impacts of payments under the WAS prior to applying for assistance.

I understand that direct debit payments will be made within 14 business days of the submission of application form and supporting documentation from the Employment Services Manager to the Department of Employment, Small Business and Training.

I agree to repay any subsidy/assistance or overpayment made as a result of my providing incorrect information or being found to be ineligible and the Queensland Government may refer cases of suspected fraud to the Queensland Police Service for investigation.

Applicant Name

Applicant Signature

_____/____/_____
Date

Employment Services Manager (ESM)

ESM Signature

_____/____/_____
Date

OFFICE USE ONLY: ESM Checklist - Confirm each item if applicable

	Yes	No	N/A
Case number assigned			
Copy of Drivers Licence attached			
Copy of Birth Certificate attached			
Copy of Medicare card attached			
Copy of payslip for alternative employment attached			
Copy of group certificate from previous financial year attached			
Proof of home address on NSI attached			
Proof of motor vehicle registration and payment attached			
Copy of severance letter attached			
Proof of ongoing rental payment or mortgage repayment for NSI residence			
Purpose of travel (for Commuting Subsidy) <input type="checkbox"/> Attending employment <input type="checkbox"/> Seeking employment <input type="checkbox"/> Attending approved training			

Notes: