

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)
- Income Statement from previous financial year and proof of current earnings (if applying for income supplementation)

Applicant information					
Office use only - ESM to complete Case number: Sibelco employee number:					
Title: Surname: G	itle: Surname: Given name(s):				
Date of birth:					
Home address:					
Home phone: Mobile:					
Email:					
What was your final ordinary earnings at Sibelco (as specified on income statement)?					
Are you employed in alternative employment, following retrenchment? Yes			No		
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 (Go to Q1.2)	No (Go to Q 2)
1.2 Do you have an ongoing rental payment or mortgage payment due for your residence on North Stradbroke Island?	Yes	No
Office use only - ESM eligibility assessment	Yes	No

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2. Commuting subsidy		
2.1 Is your principal place of residence on North Stradbroke Island?	Yes (Go to Q2.2)	No (Go to Q3)
2.2 Are you claiming subsidy for motor vehicle registration? (If only claiming ferry - see section 2.3 below)	Yes (Go to Q2.3)	No (Go to Q3)
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	Ferry (\$) (Go to Q2.4)	Motor vehicle rego (\$)
2.4 Was motor vehicle registration due after the date you were retrenched from Sibelco?	Yes (Go to Q2.5)	No (Go to Q3)
2.5 Is motor vehicle registration in your name (or joint names)?	Yes (Go to Q2.6)	No (Go to Q3)
2.6 Has motor vehicle registration been paid?	Yes (Go to Q3)	No (Go to Q3)
Office use only - ESM eligibility assessment	Yes	No

3. Income supplementation		
3.1 Did you receive a redundancy from Sibelco?	Yes (Go to Q4)	No (Go to Q3.2)
3.2 Were you employed as a permanent employee with Sibelco?	Yes (Go to Q4)	No (Go to Q4)
Office use only - ESM eligibility assessment	Yes	No

4 Dislocation assistance		
4.1 Did you receive a redundancy from Sibelco?	Yes (Go to Q4.2)	No
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	No
4.3 Years of service at termination as per Final Redundancy Payment summary	Years	Months
4.4 Redundancy payment amount as per years of service	\$	
4.5 Redundancy Severence payment received as per Final Redundancy Payment summary	\$	
4.6 Top up amount to be paid (4.4 minus 4.5)	\$	
Office use only - ESM eligibility assessment	Yes	No

Redundancy payment per years of service

Years of Eligible Service	Amount	Years of Eligible Service	Amount	Years of Eligible Service	Amount
Less than 2 years	\$ 8,600	8 years but less than 11 years	\$25,800	17 years but less than 20 years	\$51,600
2 years but less than 5 years	\$13,000	11 years but less than 14 years	\$34,500	20 years and over	\$60,200
5 years but less than 8 years	\$17,250	14 years but less than 17 years	\$43,100		

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Applicant bank details						
Applicant bank details			_			
Account name:						
BSB:		Account nur	nber:			
Applicant declaration	า					
order to provide assista administering the WAS. Australian Government	nce under the North Your information ma agencies, local gove g, monitoring, auditir	Stradbroke Island Way also be provided to ernment and non-gag, evaluating and p	siness and Training collects Vorkers Assistance Scheme to other Queensland agencie overnment organisations incomoting the WAS. Your per	(WAS) for the pes, agencies of cluding busines	ourpose of fother State s entities, fo	es,
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.						
			ct Commonwealth Support F ne impacts of payments unde			
I understand that direct documentation by the E			ays of the submission of app	lication form ar	ıd supportir	ng
	d the Queensland G		as a result of my providing inc er cases of suspected fraud t			g
·						
Applicant Name	Signat	ure		Date		
ESM	ESM S	Signature		Date		
OFFICE USE ONLY:	ESM Checklist - 0	Confirm each iten	if applicable	Yes	No	N/A
Case number assigned						
Copy of Drivers Licence	e attached					
Copy of Birth Certificate	e attached					
Copy of Medicare card	attached					
Copy of payslip for alternative employment attached						
Copy of income summary 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)	Attending employment	Seeking employment	Attending approved Attending other ESM approved appointments			

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