

## Employee application form – Financial advice and small business mentoring

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 <u>prior</u> 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)
- Invoice for services showing date of service, type of service and provider
- Proof of payment of invoice (receipt or bank statement)
- · Invoice must be in the applicants name

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:						

1. Financial Advice		
Did the ESM approve you to seek advice from a qualif advisor/financial planner or accountant?	ried financial Yes	No
Have you paid for the service provided?	Yes	No
Date:	Cost \$	
Provider name:		
Provider address:		
Provider phone:	Provider email:	
Office use only - ESM eligibility assessment	Yes	No

North Stradbroke Island – Workers Assistance Scheme Financial advice and small business mentoring

2. Small business mentoring			
Did the ESM approve you to seek serv	vices for business mentoring?	Yes	No
Have you paid for the service provided	1?	Yes	No
Date:	Cost \$:		
Provider name:			
Provider address:			
Provider phone:	Provider email:		
Office use only - ESM eligibility assess	sment	Yes	No
Applicant bank details			
Account name:			
BSB:	Account number:		
Applicant Declaration  Privacy Statement: The Department order to provide assistance under the administering the WAS. Your informa Australian Government agencies, loo purpose of administering, monitoring managed in accordance with the Info I, that the information I have provided assistance measure under the WAQueensland Government is frauduler I understand that the receipt of this part) and it is my responsibility to rapplying for assistance.  I understand that payments will be made by the Employment Services Managed I agree to repay any subsidy/assistant found to be ineligible and the Queens for investigation.	e North Stradbroke Island Worker tion may also be provided to other all government and non-government auditing, evaluating and promotion Privacy Act 2009.  Is true and correct and that The S. I understand giving false or not and may contravene section 44 subsidy/assistance may affect on the enquires with Centrelink of the submission.	s Assistance Scheme or Queensland agencinent organisations income the WAS. Your permanent of previously a misleading information of the Queensland Commonwealth Support the impacts of particular of particular of particular of providing income sult of my p	(WAS) for the purpose of es, agencies of other States, luding business entities, for the sonal information will be licant's full name) hereby declare applied for or received the same on to obtain a benefit from the ad Criminal Code.  ort Payments (either in full or in yments under the WAS prior to and supporting documentation correct information or being
Applicant Name	Applicant Signature		Date
ESM Name	ESM Signature		Date

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OFFICE USE ONLY: ESM Checklist - Confirm each item if applicable	Yes	No	N/A			
Case number assigned						
Sibelco employee number included						
Copy of drivers licence or birth certificate attached						
Copy of medicare card attached						
Copy of invoice for services received attached						
Proof of payment of services (receipt or bank statement attached)						
NOTES (office use only)						

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