

# Employee application form - Commuting subsidy: Ferry claim

**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

To be eligible to make a NSI ferry claim, you must:

- have previously completed the employee application form and been approved for your nominated amount of commuting subsidy;
- continue to reside on NSI; and
- travel on the NSI ferries for the purpose of seeking employment, attending approved training or attending employment on the mainland.

Commuting subsidy claims can be made for a minimum period of four weeks and a maximum period of six months. This means that claims cannot be submitted more often than every four weeks. The commuting subsidy is available for up to two years or until your nominated individual cap is reached – whichever comes sooner.

Proof of eligibility:

- Proof of employee identity (drivers licence or birth certificate as well as Medicare card)
- Proof of payments for your travel on NSI ferries over the period (i.e. ferry receipts)
- Proof of NSI residence (most recent rates notice, or utility bill)

## 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 Commuting subsidy claim

What date range does this claim relate to?	<input type="text" value="/"/> / <input type="text" value="/"/>	to	<input type="text" value="/"/> / <input type="text" value="/"/>
What is the total amount you are claiming for travel on NSI ferries, during the above date range?	\$ <input type="text"/>		
Purpose of travel	<input type="checkbox"/> Attending employment <input type="checkbox"/> Seeking employment <input type="checkbox"/> Attending approved training		
Office use only - ESM eligibility assessment	Yes	No	

## 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

	Yes	No
Proof of payment for travel on NSI ferries	\$	
Dates match to claim period		
Total amount paid matches to claim amount		

### Notes: