

## 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 North Stradbroke Island (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

Applicant information

• travel on the NSI ferries for the purpose of seeking employment, attending approved training, attending employment on the mainland or attending other approved appointments by the ESM.

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 from date of retrenchment, or until your nominated individual cap is reached, or until the WAS ceases – whichever comes sooner.

## Proof of eligibility:

Account name:

BSB:

- 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)

Office use only - ES Case number:	SM to complete			Sibelo	o employee er:			
Title:	Surname:			Given name(s):				
Date of birth:								
Home address:								
Home phone: Mobile:								
Email:								
Commuting subs	idy claim							
What date range does this claim relate to?				from		to		
What is the total amount you are claiming for travel on NSI ferries, during					e above date range?	\$		
Purpose of travel	Attending employment		Seeking employment		Attending approved training		Attending other ESM approved appointments	
Office use only – ESM eligibility assessment					Yes		No	
Applicant bank de	etails							

Account number:

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assistance under the North Stradbrok information may also be provided to o government and non-government organization.	f Employment, Small Business and Training collects your pe e Island Workers Assistance Scheme (WAS) for the purpos ther Queensland agencies, agencies of other States, Austra anisations including business entities, for the purpose of ad- our personal information will be managed in accordance with	e of administering t alian Government a ministering, monito	he WAS gencies, ring, aud	. Your , local iting,
	d correct and that I have not previously applied for or receiv misleading information to obtain a benefit from the Queens		ance me	easure under
	sidy/assistance may affect Commonwealth Support Paymen entrelink on the impacts of payments under the WAS prior to			litis my
I understand that direct debit payments Employment Services Manager.	s will be made within 14 days of the submission of application t	form and supporting	docume	entation by
	e or overpayment made as a result of my providing incorrect in refer cases of suspected fraud to the Queensland Police Se			be ineligible
Applicant Name	Applicant Signature	Date	-	
Employment Services Manager (ESM)	ESM Signature	Date	-	
OFFICE USE ONLY: ESM Che	ecklist - Confirm each item		Yes	No
Proof of payment for travel on NSI fe	erries		ſ	
Total amount of ferry travel claim		\$		
Dates match to claim period				
Total amount paid matches claim am	ount			
Proof of ID attached				
Proof of NSI residence attached (rece	ent rates notice or utility bill)			
NOTES (office use only)				

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