

PARTICIPANT APPLICATION

A PERSONAL DETAILS

A1. What is your name?	Title			
	Given Name			
	Surname			
A2. Where do you live?	Residential			
	Suburb	State	Postcode	
A3. How else may we contact you?	Daytime Phone			
	eMail			
A4. Please indicate your preference for contact	Contact Method	<input type="checkbox"/> Daytime phone	<input type="checkbox"/> eMail	<input type="checkbox"/> Mail
A5. What is your date of birth?	Date of Birth	/	/	

B MORE ABOUT YOU

Information collected here is used by DHCS to determine your eligibility for the Program. The Information collected is for the purpose of this application only and will not be used for other purposes without your permission.

B1. Are you on a low income? (Please refer to the attached table for Centrelink means testing to confirm whether you are considered to be on a low income)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
B2. Have you worked in paid employment for more than four consecutive months over the previous twelve months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
B3. Have you been a resident of the ACT for the last three months? (Evidence will need to be provided supporting this. A list of acceptable supporting evidence is at attachment A)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
B4. What is your current employment status? Please tick. (Evidence will need to be provided supporting this. A list of acceptable supporting evidence is at attachment A)	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	
	<input type="checkbox"/> Receiving income/assistance from Centrelink	<input type="checkbox"/> Currently on maternity leave from current job	
B5. If approved for a grant, do you expect to enrol in training within the next 60 days?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
B6. Have you previously received assistance under this grants program?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
B7. Have you been out of the paid workforce due to caring for your dependent child/children for more than twelve months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
B8. Please list the birth dates of your dependent children starting from the youngest.	1	3	5
	2	4	6
B9. What education is being undertaken by the youngest dependent child in your care?	<input type="checkbox"/> Not at school	<input type="checkbox"/> At junior or primary school	<input type="checkbox"/> At secondary school
	<input type="checkbox"/> Undertake tertiary studies	<input type="checkbox"/> Employed	
B10. Do you have dependent child with a disability or developmental delay?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

B11. Are you currently receiving, or eligible for, Intensive Support through the Job Network or receiving ACT Government assistance such as scholarships available for CIT courses while also participating in this program?

(If you are not receiving this support you may however be eligible to receive this. To determine this, please see the criteria at Attachment A)

- No
 Yes

B12. Will the training that you plan to do directly assist you to get paid employment?

- No
 Yes

B13. Are you currently enrolled in the course that you intend to use the grant for?

- No
 Yes

B14. How did you hear about Women's Return to Work Grants? Please tick.

- | | |
|--|--|
| <input type="checkbox"/> Mother's Group | <input type="checkbox"/> Community Organisation |
| <input type="checkbox"/> Launch of the Program | <input type="checkbox"/> eMail |
| <input type="checkbox"/> Press article | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Government Federal | <input type="checkbox"/> TV |
| <input type="checkbox"/> Government State | <input type="checkbox"/> Training Provider |
| <input type="checkbox"/> Search Engine | <input type="checkbox"/> Other, please specify – |

C MORE ABOUT YOU

It is optional for you to provide the following information. DHCS will use it for program administration, research, evaluation and monitoring purposes.

C1. Are you from a culturally and linguistically diverse background?

- No
 Yes

C2. Are you Aboriginal or Torres Strait Islander?

- No
 Yes

C3. Do you have a disability?

- No
 Yes

TO AVOID DELAYS, DO NOT FORGET TO SIGN YOUR APPLICATION

D STATEMENT

I declare that:

- the information provided in this form is correct to the best of my knowledge.
- I will notify DHCS of any change(s) to this information **within 14 days** of the change(s) occurring.

I understand that:

- Giving false or misleading information is a serious offence.
- DHCS can make relevant enquiries to ensure I receive my correct grant.
- During the life of the program, DHCS will survey me about how I benefited from this program. This information is vital as it provides information as to whether the program has met its objectives, and allows for improvements to better meet your needs.

Your signature:

Date:

(If submitted via email, applicants may sign declaration at interview.)

Privacy of personal information – The Department of Disability, Housing and Community Services keeps personal information confidential but can be required to disclose information on this form where required by law, and/or permitted by internal departmental principles and procedures.

Please return your form to:

**WOMEN'S RETURN TO WORK GRANTS PROGRAM COORDINATOR
WOMEN'S INFORMATION AND REFERRAL CENTRE**

**PO Box 158
Canberra City
ACT 2601**

For more information, visit www.wirc.act.gov.au or call: (02) 6205 2885 or email: rtw@act.gov.au

Office Use Only

Grant eligibility: _____

Not approved reason: _____

Confirmation letter sent:

Details entered:

Details entered:
