

PO Box 2286 Strawberry Hills NSW 2012 CRICOS Provider Code: 03662D ABN: 19 892 732 021

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INTERNET ACCESS ASSISTANCE

Internet access assistance is available for an agreed term in cases where financial hardship is demonstrated. All applications are assessed on a case-by-case basis. Decisions, including the duration of the agreement, will be made at AFTRS' discretion on the merits of each case and are dependent on the availability of funds.

Applications will be approved or declined within 10 working days from receipt by the Student Centre. You will be advised in writing as to whether your application is approved. AFTRS' decision is final.

1. STUDENT DET	AILS					
Name:				Student No:		
Course:						
Are you currently a recipient of an Equity or First Nations scholarship? If you answer Yes, please skip to question 3.					No	
2. STUDENT FINA	ANCIAL POSITION					
	ely as possible your <u>weekly</u> ind this application and that prov			ease provide copie	s of supporting documents	
	Income		Expenditure			
ABSTUDY/Austudy/	Youth Allowance	\$	Rent/Board/Other acc	commodation cost	•	
Other Centrelink Be	nefit	\$	Bills		\$	
Family/Parental Allo		\$	Food		\$	
Scholarships, bursar support	os, bursary or other forms of income \$ Study related costs (books, stationary etc.)		tc.) \$			
Employment		\$	Transport/ Fares		\$	
Other income		\$	Spending money		\$	
		\$	Credit cards and/or other loans Medical expenditure		\$	
					\$	
0		Other expenditure		\$		
TOTAL		\$	TOTAL		\$	
Savings or other a	assets					
Do you have any f	funds in a bank account or	other kind of fina	ncial institution?	Yes	No	
If you answer Yes,	, please provide the total a	mount.		\$		
Do you own any r	eal estate?			Yes	No	
If you answer Yes, please provide the total estimated value of the property.					\$	
3. REASON FOR A	APPLICATION					
4. PROPOSED DU	JRATION					
I require assistance with internet access until			DATE:			



I declare that the information I have submitted in this application is true, correct a	and not misleading. I understand that AFTRS may vary or revers
any decision concerning my application or not process my application if this is n	ot the case, and that giving false or misleading information ma
also be an offence under the Criminal Code. [I authorise AFTRS to contact any per-	son or organisation giving supporting documents for the purpos
of verifying the information they contain 1	

SIGNED:	DATE:	
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6. PRIVACY INFORMATION

5. STUDENT DECLARATION

AFTRS requires the information you give in this application and in supporting documents, to process the application. Where required to meet AFTRS' legal or administrative obligations, AFTRS may disclose information in it to other Australian government entities. AFTRS collects and deals with your personal information according to Australian privacy law and AFTRS' Privacy Policy, which sets out how you may access and correct the personal information AFTRS holds about you, and how you may complain about any privacy breaches.

OFFICE USE ONLY

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6. RECOMMENDATION AND APPROVAL							
Application received in the Student Centre:							
Application complete with all required documents:							
Student Engagement Manager:							
Approved Not Approved	Signature:	Date:					
7. STUDENT CENTRE ACTION							
Decision received:							
Applicant advised of decision:							
Technology advised of decision:		Date:					