

## Employee application form - Housing assistance, commuting subsidy, income supplementation and dislocation assistance

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**

- Proof of employee identity (acceptable forms of ID are drivers licence or birth certificate as well as Medicare card)
- Proof of retrenchment and redundancy payment amount i.e. severance letter
- Proof of NSI residence (if applying for commuting subsidy or housing assistance) e.g. rates notice or electricity bill
- Proof of ongoing rental payment or mortgage repayment for NSI residence (if applying for housing assistance) e.g. copy of lease or bank statement
- Motor vehicle registration renewal notice and confirmation of motor vehicle registration payment (if applying for commuting subsidy)
- Group certificate from previous financial year and proof of current earnings (if applying for income assistance)

Applicant information									
Sibelco employee number:									
Given name(s):									
Date of birth:									
Home address:									
Mobile:									
Email:									
What was your final ordinary earnings at Sibelco (as specified on group certificate)									
Are you employed in alternative employment, following retrenchment?									
What is your ordinary earnings per week at your alternative employment?									
	Given name(s):  Mobile:								

1 Housing assistance		
1.1 Is your principal place of residence on North Stradbroke Island?	Yes Go to question 1.2	No Go to section 3
1.2 Do you have an ongoing rental payment or mortgage payment due for your residence on North Stradbroke Island?	Yes Continue to section 2	No Go to section 2
Office use only - ESM eligibility assessment	Yes	No

2 Commuting subsidy					
2.1 Is your principal of residence on North S		Yes Go to question 2.2	No Go to section 3		
2.2 Are you claiming subsidy for motor veh (If only claiming ferry - see section 2.3 b			Yes Go to question 2.3	No Go to section 2.3	
2.3 What portion of the commuting subsidy Island and what portion on motor vehic		o/from North Stradbroke	Please specify Ferry:	breakdown:  Motor vehicle rego:	
See FERRY REIMBURSEMENT FORM to	o claim payment in arrears fo	or ferry travel	\$	\$	
2.4 Was motor vehicle registration due afte	Yes Go to question 2.5	No Go to section 3			
2.5 Is motor vehicle registration in your nar	Yes Go to question 2.6	No Go to section 3			
2.6 Has motor vehicle registration been pa	Yes Continue to section 3	No Go to section 3			
Office use only - ESM eligibility assessment	Yes	No			
3 Income supplementation	_	_	_	_	
3.1 Did you receive a redundancy from Sibe	Yes Continue to section 4	No Go to question 3.2			
3.2 Were you employed as a permanent en	nployee with Sibelco?		Yes	No .	
Office use only - ESM eligibility assessment			Yes	No	
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4 Dislocation assistance					
4.1 Did you receive a redundancy from Sibe	Yes Go to question 4.2	No			
4.2 Was the redundancy amount you receive Assistance in the below table? If yes, pr	Yes	No			
Years of Eligible Service					
Less than 2 years	\$ 8,600				
2 years but less than 5 years	\$13,000				
5 years but less than 8 years	\$17,250				
8 years but less than 11 years	\$25,800				
Office use only - ESM eligibility assessment	Office use only - ESM eligibility assessment				
Applicant bank details					
Account name:					
BSB:		Account number:			

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Assistance Scheme (WAS). The Department of Sta Your information may also be provided to other Q	opment collects your personal information in order to prote Development will forward your information to Queensl ueensland agencies, agencies of other States, Australian purpose of administering the WAS. Your personal information	and Treasury for the purpose of adn Government agencies, local govern	ninisterinย ıment and	g the WAS	S. rernment
	(appl eviously applied for or received the same assistance mea ading information to obtain a benefit from the Queenslan		land Work	ers Assis	tance
I understand that the receipt of this subsidy/assis with Centrelink on the impacts of payments under	tance may affect Commonwealth Support Payments (eith the WAS prior to applying for assistance.	er in full or in part) and it is my resp	onsibility	to make	enquires
I understand that direct debit payments will be ma Services Manager to Queensland Treasury.	ade within 14 business days of the submission of applica	tion form and supporting document	ation fron	n the Em	ployment
I agree to repay any subsidy/assistance or overpa Government may refer cases of suspected fraud to	yment made as a result of my providing incorrect informa o the Queensland Police Service for investigation.	ation or being found to be ineligible	and the (	)ueensla	nd
		/			
Applicant Name	Applicant Signature	Date			
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Witness Name	Witness Signature	Date			
OFFICE USE ONLY: ESM Checklist - Cor  Case number assigned  Copy of Drivers Licence attached	nfirm each item if applicable		Yes	No	N/A
Copy of Birth Certificate attached					
Copy of Medicare card attached					
Copy of payslip for alternative employment attack.  Copy of group certificate from previous financial					
Proof of home address on NSI attached	year attacrieu				
Proof of motor vehicle registration and payment	attached				
Copy of severance letter attached					
	. C. NGL I				
Proof of ongoing rental payment or mortgage re	payment for NSI residence				
Proof of ongoing rental payment or mortgage re	payment for NSI residence				
Proof of ongoing rental payment or mortgage re  Notes:	payment for NSI residence				
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