

Job Search Support – Application form

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 WAS prior to applying for assistance.

Eligibility requirements

Employee proof of eligibility – copies of the below documents are required to be uploaded with the application:

- Proof of employee identity (drivers licence or birth certificate as well as Medicare card)
- Details of support, including, dates, costs and provider

Job Search Support is immediate, direct and tailored services to support affected workers find alternative employment. Support can include: career counselling, job referral, resume writing, interview skills and literacy and numeracy support

Applicant information

<i>Office use only - ESM to complete</i>		Sibelco payroll number:
Case number:		
Title:	Surname:	Given name(s):
Date of birth:		
Home address:		
Home phone:		Mobile:
Email:		

Is this claim related to another NSI WAS Application?

Yes next question

No next question N/A

Details of related claim:

Job Search Support Information

Type of Support (i.e. resume assistance, career counselling, course)	
Provider	
Date (if relevant)	
Cost	
Provider name (if relevant)	
Provider address (if relevant)	
Provider email (if relevant)	
Provider phone (if relevant)	

Course information

Course title:	
Qualification:	Cost:
Start date:	End date:
Provider name:	
Provider address:	
Provider email:	Provider phone:

Applicant or provider payment details

Account name:	
BSB:	Account number:

Applicant declaration

Privacy Statement: The Department of State Development collects your personal information in order to provide assistance under the North Stradbroke Island Workers Assistance Scheme (WAS). The Department of State Development will forward your information to Queensland Treasury 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 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 government is fraudulent and may contravene section 408C of the Queensland Criminal Code.

I understand that direct debit payments will be made within 14 days of the submission of application form and supporting documentation from the Employment Services Manager to Queensland Treasury.

I agree to repay any grant or overpayment made as a result of my providing incorrect information or being found to be ineligible and the Department may refer cases of suspected fraud to the Queensland Police Service for investigation.

_____	_____	__ / __ / ____
Applicant Name	Applicant Signature	Date
_____	_____	__ / __ / ____
Witness Name	Witness Signature	Date

OFFICE USE ONLY: ESM Checklist - Confirm each item if applicable

	Yes	No	N/A
Case number assigned			
Sibelco payroll number included			
Copy of drivers licence or birth certificate attached			
Copy of medicare card attached			
Does support meet the approved definition?			
Has the employee been made redundant by Sibelco?			
Copy of support details attached			
Copy of course details attached			
Copy of invoice from provider attached			
Proof of payment, if course or support undertaken and payment is in arrears			
Is the training subsidised through the Annual VET Investment Plan?			

Notes: