

Application for Emergency Aid

this form applies to students who maintain enrolment in a course of study at Collarts seeking to financial support

Personal Details	I am a Domesti	c Student (Applicant) I am an Int	ernational Student (Applicant)
Collarts Student Number:	Family Name:		Date of Birth (dd/mm/yyyy):	
Address:	Given Name(s):		Title:	
	Collarts Email Address:		OMr OMrs OMiss OMs ODr Contact Telephone Number:	
Collarts Course Details				
The Collarts course in which you are currently enrolled:				
Details of Requested Support				
Have you previously requested an emergency fit	e last 12 months?	O No	Yes \$	
I am applying for emergency financial relief from unexpected once-off expenses for the following reasons (please tick): Utility Bill Food Medical Expenses Travel Books Course Related Costs Other If Other or you wish to add any additional information in support of your application, please provide in the text box below:				
What level of financial support do you require?		Amount to the nearest \$5		
Student Declaration				
I consent to the validation and review of my enrolment for the consideration of this application for emergency aid; and I acknowledge the following:				
The purpose of Emergency Aid is to provide immediate or urgent financial relief from unexpected one-off expenses, which if not paid, will have a harmful effect on my well-being.				
☐ I may access Emergency Aid no more than twice in a calendar year.				
I declare that the information provided in this application for emergency aid is accurate, correct and complete. I understand decision(s) will be based on the information I have provided in this application.				
I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my situation is considered dishonest or fraudulent activity and an act of misconduct in accordance with the college <i>Misconduct Policy</i> .				
SIGN				Date Signed (dd/mm/yyyy):
Collarts Office Use Only:				
1. Does the student have a current enrolment in SMS?	D Yes D No	4. Does the current	situation have a	harmful effect on well-being? D Yes D No
2. Is the request in relation to an essential need to continue study? DYes DNo		5a. Has the student received financial support in the past 12 months? D Yes D No		
3. Is the request for immediate relief? D Yes D No	5b. If yes, is this application for more than twice in the year? D Yes D No			

D Approved

Date Signed: (dd/mm/yyyy):

DECISION: With the exception of Q5a and Q5b, if the answer is 'No' then the student is not eligible and the application should be denied.

Staff Name: