

# FEE CONCESSION APPLICATION

Please complete this Application (along with the Enrolment Form) and return in the Reply Paid envelope provided within 7 days of receipt of student Enrolment Pack.

Please **PRINT YOUR NAME, WORKPLACE AND COURSE** below where indicated.

<b>Student Name:</b> _____
<b>Course:</b> _____
<b>Centrelink CRN No:</b> _____

Australian Vocational Training & Employment Services (AVTES) provides all students with the opportunity to apply for Concessions on their Enrolment fees. There are 2 ways you may apply for such Concessions: (*\*please ✓ appropriate box*)

- If you are experiencing **financial hardship**.  
*(\*please complete the bottom section of this form outlining your present circumstances)*
- OR**
- You have a **Health Care Card** for the current year.  
*(\*please read & sign declaration below)*

## Declaration

I certify that the details contained in this Application are correct and a true reflection of my personal circumstances at the present time.

I \_\_\_\_\_ authorise Centrelink to confirm with AVTES the current status of my Commonwealth Benefit and other details as they pertain to my concessional entitlement. This involves electronically matching details I have provided to AVTES with Centrelink or Department of Veterans' Affairs (DVA) records to confirm whether or not I am currently receiving a Centrelink or DVA benefit.

I understand that this consent, once signed, is effective only for the period I am a customer of AVTES. I also understand that this consent, which is ongoing, can be revoked any time by giving notice to AVTES. I understand that if I withdraw my consent, I may not be eligible for the concession provided by AVTES.

A brochure is available from Centrelink that provides more details about the Centrelink Confirmation eServices or on Centrelink's website at [www.centrelink.gov.au](http://www.centrelink.gov.au).

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

*\*if reasonable grounds are presented, your Enrolment fee will be granted anywhere between the minimum and maximum fees.*

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## Financial Hardship Only:

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

### Details of Financial Hardship

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