



Fee Instalment Plan / Fee Waiver Application Form

Instructions:

This form should be utilised to determine the eligibility of a student for either fee waiver or fee instalment plan to manage the cost of fees incurred through training. This form is compliant with the current DTWD VET Fees and Charges Policy issued by the Department of Training and Workforce Development (WA) and if there is any inconsistency between this form and the Policy, the Policy shall prevail.

Option 1- Fee Instalments

This option provides the student with a payment plan to manage the cost of training. Fees for enrolled units are added to an instalment plan which is paid at an agreed rate until all fees incurred have been paid. Where a student is eligible for both a concession rate and instalment plan individual repayment terms may be applied. Students will have a minimum of eight weeks from the commencement of unit enrolment to finalise payment. Eligibility for Fee Instalment will be based on the student's course cost, disposable income, and ability to manage fees.

Students approved for an instalment plan will need to complete a direct debit form.

Option 2 – Fee Waiver

The assessment of whether an applicant qualifies for fee waiver is made on the basis of their individual circumstances and those of any dependent family members. Subject to the exceptional circumstances, a fee waiver cannot be given unless **ALL** of the criteria outlined on the Fee Waiver Guidelines are met. Disposable income has been defined by GSCCT to be less than **\$50** per month. The waiver of fees in this instance is subject to the terms of the Policy.

Fee Waiver Guidelines

A person is considered to be in severe financial hardship only where they are unable to provide food, accommodation, clothing, medical treatment, or other basic necessities for themselves and/or their dependents. Forms of entertainment or recreation are not basic necessities. The assessment of whether an applicant qualifies for a fee waiver is to be made on the basis of their individual circumstances and those of any dependent family members.

Subject to the exceptional circumstances, a fee waiver cannot be given unless **ALL** of the following criteria are met.

- 1 - The student's income must **not exceed** the Department of Human Services income **thresholds for the low income health care card**. (See Terms and Conditions)
- 2 - The student **does not have the disposable income** to pay the fees via instalments **without compromising their ability to meet their basic living needs** or those of their dependents.
- 3 - There is **no basis** for concluding that the student's **financial circumstances are likely to change** within a reasonable period (e.g. 12 months).

Fee waivers can only be granted for units commenced within the calendar year therefore a new application must be made each year.

Personal Financial Information

The student **must provide** relevant supporting documentation to evidence their claim, including detailed evidence as to their financial circumstances. The nature of the evidence provided will depend on the individual circumstances of the student.

This documentation is provided to Gold Star Child Care Training with the acknowledgment that Gold Star Child Care Training will only use it to make an assessment of the student's fee instalment plan or fee waiver eligibility. All information provided will be retained by Gold Star Child Care Training on the student's file and may be used within their Department of Training and Workforce Development Audit obligations. Gold Star Child Care Training agrees to safeguard confidential and personal information according to the Privacy Act 1988.

Ineligibility

Students who do not meet the essential conditions as noted above are considered ineligible for either fee waiver or an instalment plan and must be prepared to pay full fees.

The Policy insists that all fees and charges **MUST** be paid to complete enrolment and can only be reduced on the grounds of Severe Financial Hardship. If payment of the fees and charges is not made (or waived), the individual cannot be enrolled.

Student Name			Address		
Mobile		Email		Phone	
Course			Centre		
			Fee Option	Please Select	

Application Criteria

All three criteria must be met for a Fee Waiver Application to be considered.

- 1. Please provide evidence of the last **8 weeks** of income to prove it does not exceed the Department of Human Services income thresholds for the low income health care card.

A copy of evidence provided will be taken for RTO records.

If your income exceeds the thresholds, you are ineligible for Fee Waiver

List Evidence of Income Provided

- 2. Please complete the following monthly financial information, identifying and recording the cost of basic necessities for you and any dependants.

If married or defacto, income and expenses for the household needs to be reported.

Marital Status Please select

Number of Children 0

Monthly Income		Monthly Expenses			
Item	Value	Item	Value	Item	Value
Wage 1		Mortgage / Rent / Board		Clothing	
Wage 2 (spouse)		Insurance payments (Car, House, Personal etc.)		Travel Expenses (Bus, Taxi, Car Share)	
Other Income (2nd job)		Car Finance		Car Expenses (Fuel, Rego, Maintenance)	
Child Maintenance		Gas / Electricity / Water		Credit Commitments (Personal Loan/Credit Cards)	
Investments		Telephone / Internet		Child Care / Education	
Govt. Benefits		Food		Other basic necessities Please List:	

Other		Toiletries			
Other		Medication / Health			
Total Monthly Income	\$ -			Total Monthly Expenses	\$ -

3. Note any changes to your financial circumstance you expect to occur in the next 12 months. (e.g. Pay increase from any source, expenses reduction such as loan payouts)

List evidence of expenses provided
Example evidence for assessing outgoings includes tenancy / board agreements, utility & phone bills, loan agreements, and receipts

Include information about your family situation, financial arrangements and support network. Be as detailed as possible.
EG. How many children do you have? Do you have a partner/spouse? How does your household split financial responsibilities? Are you financially independant? What other support do you receive from your family network? Any other information impacting your current financial position.

Student Declaration

- I provide these details as a true and accurate record of my current financial circumstances with the understanding that if found to be untrue my fee waiver will be cancelled.
- I understand that if my circumstances change I must immediately inform Gold Star Child Care Training.
- I understand that only cost for basic necessities have been taken into consideration in my application.
- I understand that personal details and documents provided to Gold Star Child Care Training will be handled in line with their current Privacy Policy.
- I understand that any approval of this application is for the current calendar year only.
- Should I be found ineligible for Fee Waiver I understand that the cost of training will need to be managed myself.
- I understand that where fees not waived have not been paid or placed on an approved instalment plan I shall not be enrolled.
- I understand that if instalment plan amounts are not paid or fall behind I shall not be enrolled in further training.
- I understand that any fees associated with a failed direct debit payment are my responsibility and will be paid by me.

Student Name		Signature		Date	
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If the student is under 18 years, to be signed by the Student's Parent / Guardian

Name		Signature		Date	
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Approvals (Internal Use Only)

The approval of this application is based on all criteria being met and signed reasoning statement from the student.
 The justification for approval must be outlined below.
 Two signatures must be applied to each application for it to be valid.

RTO Justification / Decision

Fee Waiver Analysis & Information

Income Status	
Number of Children	0
+ \$34 /additional child	\$ -
Weekly Income can not exceed	N/A

Total income in the 8 week period prior to applying can not exceed

The income total will highlight green to indicate whether total income does not exceed these required limits.

Financial Analysis	
Income Total	\$ -
Expenditure	\$ -
Disposable Income	\$ -

Instalment Plan Analysis & Information

Financial Analysis	
Course Cost	

Repayment Analysis	
Monthly Repayment Amount	

Direct Debit Process		
Agreed Monthly Repayment		Initial

Disposable Income	\$	-
Est. Course Duration <i>(at enrolment)</i>		

Eligibility is determined based on the ability of the student to save for the whole cost of the course within first 3 months of enrolment.

Suggested Repayment Duration	
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Monthly repayment figure is based on disposable income, course cost and duration. Set with minimum and maximum values. **Variation from this value is only agreed at the discretion of the RTO.**

Repayment Duration (months)		Initial
Terms and Conditions explained	<input type="checkbox"/> Yes	Initial
Form Complete	<input checked="" type="checkbox"/> Yes	Initial
Direct Debit Start Date*	N/A	Initial
Processed by Admin	<input type="checkbox"/> Yes	Initial

*No less than 8 weeks from first unit open date.

Evidence Supplied
<input type="checkbox"/> Income Evidence
<input type="checkbox"/> Expense Evidence
<input type="checkbox"/> Declarations

This application has Approved Rejected

Name	Signature	Date