

Course Participation Assistance Application



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

Please read this before you start

Course Participation Assistance is to pay for costs associated with doing a short term employment related course or programme. It can help pay for transport or with associated costs of caring for child(ren), disabled people, or older aged people. It may also pay for some tuition and enrolment fees for a course. If you receive a Domestic Purposes, Invalid's or Widow's Benefit or an Emergency Maintenance Allowance, please ask us about Training Incentive Allowance.

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Address

Q2 note: Please give your house number, street, suburb, and town or city.

A house number could include:

- street number
- fire
- RAPID
- emergency services.

Q3 note: A mailing address could include:

- street address
- postal Box (PO Box)
- rural delivery details
- C/O address.

2. Where do you live?

Flat/house no.

Street name

Suburb

City

3. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

4. How can we contact you?

Work phone

Home phone

Mobile phone

Email

Fax

Birth date

5. What is your date of birth?

Day

Month

Year

Income

Q6 note: Examples of income include:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- income from boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

You may need to provide proof of this income.

6. Do you and/or your partner get any income? Do not include any benefit or allowance.

No

Yes

▶ Please give details below:

Source (eg name of employer)	You	Your partner	How often (eg weekly, fortnightly etc)
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Assets

Q7 note: Examples of cash assets include:

- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

 You may need to provide proof of these assets.

7. Do you and/or your partner have any cash assets?

No Yes ▶ Please give details below:

Type of asset	You	Your partner	Jointly owned
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Course programme details

Q8 note: Examples of organisation names are:

- Wellington Institute of Technology
- Te Wananga O Aotearoa.

Q10 note: Examples of work skills are:

- drive a forklift
- welding.

8. What is the name of the organisation that is running the course or programme?

(If you are completing work experience, please provide the employers name)

9. What are the dates of the course or programme?

Start date: End date:
Day Month Year Day Month Year

10. What work skills are you seeking from the course or programme?


11. What type of paid work will this course or programme help you move into?

Training costs

Q12 note: Examples of costs can include:

- transport
- caring for child(ren), people with disabilities, older aged people for whom you are the caregiver
- course fees.

Foundation Focused Training Opportunities and Training for Work Courses only include caring costs.

 Please bring verification of course fees from the provider. For transport costs, please bring in verification of fares or distance to travel. For caring costs, a letter from the carer where possible.

12. What are your costs?

Item	Your cost	How often (for example, weekly, fortnightly)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).
- Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:
 - use the information for the purposes of child support, student loans and taxation
 - disclose it to the Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- Under the Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

Changes in your living situation include:

- marriage or separation
- starting or ending a civil union
- starting or ending a de facto relationship with someone of the same or opposite sex
- change in the number of children supported
- change in accommodation costs.

I must tell Work and Income immediately if either my partner or I:

- have a change in work situation
- become self employed / start to run a business
- have changes to my / our income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my / our living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my / our benefit entitlement or rate.

Important

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all the questions in full **or**
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate **then**
- my benefit may be reviewed and cancelled **and**
- I may have to pay back the total amount of any overpayment that I have received **and**
- Work and Income may impose a penalty (up to three times the value of the overpayment) **or**
- I may be prosecuted and fined or imprisoned.

Additional information

Information required by

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Day Month Year

Contact name

Your client number is:

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- I may be prosecuted and fined or imprisoned.

My obligations have been explained to me and I understand my responsibilities.

I have completed all the questions in this *Transition to Work Grant*, or this application has been completed for me, and the information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these.

I am also aware of and understand the Privacy Act statement contained in this application form.

Client's name (print)

Client's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Office Use Only

Statement by Interviewing / Interpreting Officer

I have explained the conditions for receiving this assistance and explained what the client's and their partner's obligations mean and the reason for them. The client and their partner have indicated that they understand and accept responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print)

Interviewer's signature

Date

Day	Month	Year

Does the client meet the universal criteria including cash asset and income test?

Yes No ▶ Please provide details below:

Are the expenses claimed realistic? (For example, distance/cost transport, caring costs)

Yes No ▶ Please provide details below:

Is the client entitled to Training Incentive Allowance?

Yes ▶ Course Participation Assistance will need to be declined No

Is the client receiving any other assistance towards costs claimed? (For example, Childcare Subsidy or OSCAR)

Yes ▶ Less any amount payable through childcare assistance No

Is the course a Training Opportunities Programme course?

Yes ▶ Caring costs only payable No

Total dollar value of Course Participation Assistance in the last 52 weeks:

DECISION:

Approved

Declined

Reason for decline:

Payment to be made to	Assistance for	Length of course/programme	Amount
			\$
			\$
			\$
			\$
Total			\$

Type of identification (photo copy attached)

Processor's signature

Authenticator's signature

Approver's signature

Name (print)

Name (print)

Name (print)