

Domestic Purposes Benefit – Sole Parent Study Assistance Loan



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

Please read this before you start

Extra recoverable assistance is available for clients who are undertaking tertiary study at level 4 or above, and are receiving Domestic Purposes Benefit – Sole Parent.

Assistance for Study Costs cannot be paid for:

- any course provided by Work and Income
- postgraduate diplomas or certificates
- bachelor with honours, masters or doctorate degrees
- people who continue to receive Training Incentive Allowance for a level 4 or above course.

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: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q3 note: Mailing address includes:

- 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

This year's training course details

Course means an approved employment-related course at level 4 or above on the national qualification framework.

5. What is the name and level of the course?

Name of course

Level

6. Are you receiving a Student Loan for this course?

No

Yes

7. Have you used the full amount of your Course Related Costs?

No Yes

Q8 note: Other costs include, costs that are necessary to attend the course, eg vaccinations for nursing students.

8. What costs are you applying for?

Item	Cost
Essential transport	\$
Childcare costs	\$
Child minding costs	\$
Books	\$
Stationery	\$
Course equipment or materials	\$
Other (please provide details below)	\$

We may ask you to provide verification of the costs you are applying for.

Statement

The information I have given is true and complete.

I understand this information is collected by the Ministry of Social Development (including Work and Income; Child, Youth and Family; and other service lines of the Ministry) and used for the purposes of the Ministry and that under the the Privacy Act 1993 I have the right to request access to all information the Ministry holds about me and to request correction to that information.

I confirm that I have previously been provided with a full copy of the Ministry’s privacy statement when I applied for this benefit. I understand that I can request a full copy of the Ministry’s privacy statement if required.

I am aware that I must advise the Ministry (through Work and Income) immediately of changes in my circumstances that may affect any ongoing assistance I may receive.

I confirm that:

- I am applying for Assistance for Study Costs to assist with the costs of work-related training or education. This will help me to be in a better position to move into paid work.
- I have discussed this application fully with Work and Income.
- I am aware of the course content and understand the commitment and time required to undertake study.
- I will repay Work and Income when my course is completed or my benefit is cancelled, whichever comes first.

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.

Please sign here (after you have met and talked about this application with your Case Manager).

Client’s signature



Date

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

Please get your training provider to complete the training details section.



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

Name

1. What is the student's name?

First name(s)

Surname or family name

Course details

Q3 note: For example:

- midwife
- primary school teacher.

Q4 note: For example:

- BCC 1st year
- Nursing 2nd year.

2. The student has:

Pre-enrolled Enrolled

3. What is the name of the course?

4. What is the name and level of the qualification?

Name of qualification

Level

5. When does the course start and end?

Start date:
Day Month Year

End date:
Day Month Year

6. This training organisation is a :

- | | |
|---|---|
| <input type="checkbox"/> Private Training Establishment | <input type="checkbox"/> Correspondence School |
| <input type="checkbox"/> Polytechnic/Tertiary Institute | <input type="checkbox"/> University |
| <input type="checkbox"/> Wananga (with tertiary status) | <input type="checkbox"/> College of Education (eg teacher training college) |

Trainer's statement

This information is required under section 12 of the Social Security Act 1964.

Official Training Provider's stamp

I certify that the information I have given is true and complete and I have the authority of the training/ education establishment to sign this statement.

Organisation name

Organisation address

Work phone

Fax

Email address

Trainer's name

Trainer's signature

Date

 Day Month Year

OFFICE USE ONLY

Course name:

Is the course level of 4 or above?

 No Yes

Has the client exhausted the course costs component of their Student Loan?

 No Yes

SNG

 Yes

Decision:

 Approved Declined

Legal authority:

Payment to be made to

Assistance for

Amount

Payment to be made to	Assistance for	Amount
<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	\$

Case Manager's signature

Authenticator's signature