

Training Incentive Allowance Application



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Please read this before you start

Training Incentive Allowance helps people with a number of employment-related training costs. This may include course fees and materials, travel and childcare costs.

You will need to complete this form and have the course details verified by the course provider (page 5). You will then need to meet with us to talk about your plans for the future and how this course will help you move into paid work.

Name

1. What is your name?

First name(s)

Surname or family name

This year's training course details

Q3 note: If your study will be for more than a year, you will need to reapply each year.

Q5 note: If you are doing more than one paper or module, include the combined total.

Q6 note: If you are doing more than one paper or module, include the combined total.

2. What is the name of the organisation that is running the course?

3. What course does this application for Training Incentive Allowance apply to?

For example, office skills, 1st year BA (Ed), 2nd year nursing.

4. Are you studying full time or part time?

Full time

Part time

5. On average, how long will you spend in class each week?

hours a week

6. On average, how much time will be spent on independent study each week?

For example, time at the library, research time, writing essays.

hours a week

Training costs

Q7 note: Course costs could include:

- essential transport
- text books
- tuition fees
- course material
- childcare.

You may be required to show proof of these costs.

7. What are your costs for the course?

Item	Cost	How often (eg one off, weekly)
	\$	
	\$	
	\$	
	\$	
Total weekly expenses		\$

Student Loan

Q8 note: Please call StudyLink on **0800 88 99 00** or talk to Work and Income if you don't know.

8. Are you eligible for a Student Loan?

No

Yes

Don't know

Qualifications

Q9 note: Remember to note the year that the qualification was gained. For example, if School Certificate was passed in June 1989, then you would put "1989" in the box alongside that qualification.

9. What qualifications do you currently have? Please tick all boxes that are applicable.

	Year gained		Year gained
None	<input type="text"/>	NZ Certificate/Diploma	<input type="text"/>
National Certificate of Educational Achievement (NCEA)	<input type="text"/>	Technician's Certificate	<input type="text"/>
School Certificate <i>(one or more subjects)</i>	<input type="text"/>	Local Polytech Cert/Diploma	<input type="text"/>
6th Form Certificate/UE <i>(one or more subjects)</i>	<input type="text"/>	Teacher's Certificate/Diploma	<input type="text"/>
Higher School/Leaving Certificate	<input type="text"/>	University Certificate/Diploma <i>(below Bachelor's Degree)</i>	<input type="text"/>
University Bursary/ Scholarship	<input type="text"/>	Bachelor's Degree	<input type="text"/>
Trade/Advanced Trade Certificate	<input type="text"/>	Postgraduate Degree	<input type="text"/>
Nursing Certificate/Diploma	<input type="text"/>	Overseas Qualification	<input type="text"/>
		Other ▶ Please provide details below:	
		<input style="width: 150px;" type="text"/>	<input type="text"/>

Q10 note: Other courses could include:

- TOP courses
- development courses
- Māoritanga, or English for Speakers of Other Languages (ESOL).

10. What other course(s) have you completed?

Name of course	Year completed

11. What qualifications are you seeking?

12. What type of paid work do you want to do?

Full time
 Part time
 ▶ Please provide details below:

Name of job

13. What work skills are you seeking?

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 share information you have given us with childcare centres to administer your entitlement to childcare.
- 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 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
- entering 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:

- are unable to complete, or withdraw from this course of study
- have a change in work situation
- become self employed/start to run a business
- have changes to my 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 living situation
- are imprisoned/held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my benefit entitlement or rate.

Statement

I confirm that:

- I am applying for Training Incentive Allowance 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 authorise the provider of my course to inform Work and Income of the details of my course, if I withdraw from the course or part of this course and if I have had fees refunded to me and whether I am eligible for a student loan.
- If I am no longer able to continue with this course or part of the course I will formally withdraw and seek a refund of fees from the training provider.
- I will repay Work and Income the appropriate amount of any monies refunded to me by the training provider.

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.

The information I have given is true and complete.

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

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.

Please also complete the statement for your Training Provider on page 7.



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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

Training details

Q3 note: For example:

- office skills
- Maths 101
- English 327.

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 qualification?

Name of qualification

Level

5. Please indicate which field of study this course comes under:

Natural and physical sciences

Information technology

Engineering and related technologies

Architecture and building

Agriculture, environment and related studies

Education

Management and commerce

Society and culture

Creative arts

Food, hospitality and personal services

Academic

Job skills

Personal development

6. When does the course start and end?

Start date:

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Day Month Year

End date:

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Day Month Year

7. How many weeks does this course run for in the current academic year?

Number of weeks:

Q8 note: This is to help us to identify the student when contacting your organisation.

8. What is the student's student identification number?

Student ID number:

9. This training organisation is a:

Private Training Establishment

Wānanga (without tertiary status)

Correspondence School

Polytechnic/Tertiary Institute

University

Wānanga (with tertiary status)

College of Education (for example, teacher training college)

Secondary school

10. What type of course is it?

- Part of a qualification that qualifies for Student Component Funding
- A University Pre-enrolment Course
- Other ▶ Please provide details below:
- Funded through TEC Targeted Training
- A Secondary Education Course

11. Please answer this question if you are a Training Establishment, Correspondence School, or a Wānanga without tertiary status:

(a) Are you NZQA registered?

- No
- Yes

(b) Are you NZQA accredited to teach this course?

- No
- Yes

(c) Is the course NZQA approved?

- No
- Yes

(d) Is this a postgraduate course?

- No
- Yes

Q11(d) note: For the purposes of Training Incentive Allowance, postgraduate study is defined as:

- honours
- masters
- doctorate
- any other course or diploma which has the completion of an undergraduate degree or a period of relevant work experience as a pre-requisite.

12. Will this course provide the student with skills that will enhance their employment opportunities?

- No
- Yes

13. What expenses will the student be expected to pay to undertake the course?

- Course Fee
- Students' Association Fee
- Books and other written material required
- Other (total) ▶ Please provide details below:

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

Organisation address

Work phone

Fax

Email address

Trainer's name

Trainer's signature

Date

Day	Month	Year



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This section is to be retained by the training provider.

Name

1. What is your name?

First name(s)

Surname or family name

Student's statement

Please read this section carefully and sign below.

2. I am enrolled/pre-enrolled in the following course:

Name of the course

3. I authorise:

Name of course provider

as a provider of my course to inform Work and Income of:

- the details of my course, **and if**
- I am entitled to a Student Allowance or Student Loan, **and if**
- I am unable to complete, or I withdraw from, this course of study, **and if**
- I am entitled to any refund of fees and whether they have been refunded to me, **and if**
- a refund is due, then I authorise you, the course provider, to pay any such refund directly to Work and Income.

Student's signature

Date

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Day Month Year