

CSEF Application Form

School REF ID

Parent/legal guardian details

Surname _____

First name _____

Address _____

Town/suburb _____ State _____ Postcode _____

Contact number _____

Centrelink pensioner concession **OR** Health care card number (CRN)

- - - **OR**

Foster parent* **OR** Veterans affairs pensioner

*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (the department) to provide the results of that enquiry to DET.

I understand that:

- the department will use information I have provided to the DET to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to the DET personal information including my name, address, payment and concession card type and status.
- this consent, once signed, remains valid unless I withdraw it by contacting the school or the department.
- I can obtain proof of my circumstances/details from the department and provide it to DET so that my eligibility for the Camps, Sports and Excursions Fund can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Camps, Sports and Excursions Fund provided by DET.
- Some personal information may be disclosed to the Victorian Department of Health and Human Services, for the purpose of evaluation and monitoring of concession card services.

You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.

Signature of applicant _____ Date ____ / ____ / ____