**Cairns School of
Distance Education**
Global Learning

DISTANCE EDUCATION ENROLMENT FEES

Application for fee exemption/waiver/payment plan for enrolment in a program of distance education

Privacy Statement

The Department of Education is collecting personal information on this form in order to be able to:

i.   assess this application for an exemption/waiver/payment plan in relation to the payable fee for distance education pursuant to Chapter 3 of the Education (General Provisions) Act 2006 (Qld) (the Act)

ii. communicate with the student and persons seeking an exemption/waiver/payment plan for the fees for a program, or component of a program, of distance education about this application.

Personal information collected in this form will only be accessed by authorised staff of the School of Distance Education at which the student is enrolled and departmental employees. It will not be given to any other person or agency unless you have given us permission or we are authorised by law.

Part A – Student details					
Surname		**Give names**			
Date of birth		**Year level**			
Residential address			**Postcode**		
Postal address			**Postcode**		
Telephone			**Mobile**		
Email					
Parent/carer name (if relevant)					
Enrolment date *School of Distance Education use only*			**EQ ID:**		

Part B – Purpose of application		
☐ Eligible for exemption under section 53 of the Act. *Proceed to Part C below.*	☐ Fee waiver under section 54 of the Act. *Proceed to Part D below.*	☐ Request to negotiate payment plan. *Proceed to Part E below.*

Important information – Fees for distance education are payable annually. The eligibility criteria for exemption and waiver are detailed in sections 53 and 54 of the Act respectively (https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2006-039). If granted, a waiver is applicable for one year. Subsequent waivers may be applied for and granted. Further information regarding distance education enrolment fees are available at: https://ppr.qed.qld.gov.au/pp/distance-education-enrolment-fees-procedure

Part C – Eligibility for exemption

If you consider that the student is exempt from paying the fee for distance education, please indicate the relevant category of exemption. The student:

☐ lives in a remote area as defined by section 49 of the Act

☐ cannot attend a state school for more than 80 consecutive school days due to state of health. A medical certificate must be attached (see Information for students with medical certification).

☐ has an itinerant lifestyle due to student or parental occupation, as described by section 53(2) of the

☐ Act.is suspended from a state school on a charge-related ground under section 281 of the Act.

☐ is excluded from a state school under section 291 of the Act, or from certain state schools under section 298 of the Act, **and** would be considered to live in a remote area if the school/s from which the student is excluded were taken not to be a nearest applicable school for the definition 'remote area'.

☐ is excluded from all state schools under section 298 of the Act.

☐ has parental responsibilities which preclude regular attendance at a state school.

☐ has carer responsibilities which preclude regular attendance at a state school. A medical certificate confirming carer responsibilities must be attached.

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☐   is a mature age student who does not live within 16 kilometres of a mature age state school or who has been refused enrolment at a mature age state school.

☐   is in custody in a corrective services facility.

Please explain the circumstances relevant to the claim for fee exemption and list documentary evidence that is being attached in support of the claim.

Part D – Fee waiver

Payment of distance education fees may be waived, partly or entirely. In making the decision under section 54(1)(b) of the Act about waiving payment of a fee, the Director-General or their delegate may have regard to any relevant matter of which they are aware, including whether the person would suffer a significant educational disadvantage if they could not enrol in a program, or component of a program, of distance education. It is also relevant to consider whether distance education is the most appropriate educational program for the student.

If applying for a waiver of the fee, please indicate the reason for the application.

☐   Student is or has been enrolled in distance education and would suffer a significant educational disadvantage if unable to continue in the program, and payment of the fee would cause financial hardship to the student or their parent/carer.

☐   Student is enrolled in distance education, and the waiver is appropriate and reasonable because exceptional circumstances exist in relation to the student.

Student is an Australian citizen	Yes	☐	No	☐
Student is a permanent resident of Australia	Yes	☐	No	☐

Please explain the circumstances relevant to the application for a waiver and list documentary evidence that is being attached in support of the application. Documentation of financial hardship must include a current Health Care Card or other evidence of financial hardship.

Part E – Request to negotiate payment plan

Please explain the circumstances relevant to the request to negotiate a payment plan and list documentary evidence that is being attached in support of the application. Documentation of financial hardship may include a current Health Care Card or other evidence of financial hardship.

Declaration

I declare that the information I have given in this form is complete and correct, and I acknowledge the Privacy Statement above.

Prospective Student / Parent/Carer's Name: _____

Signature: _____   Date:

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To be completed by the School of Distance Education

Application for exemption: In accordance with section 53 of the Act, this student's fee is:

☐ Payable ☐ Not payable

Application for waiver: In accordance with section 54 of the Act:

☐ Part of the fee is waived to the amount of $_____ ☐ the entire fee is waived

☐ the waiver is not granted.

Application for payment plan: The request to negotiate a payment plan is:

☐ Approved ☐ Not approved

Payment plan details:

Principal or delegate's Name:

Signature: _____ Date:

Comments:

Date application received		Record reference number	
Applicant notified:		Date:	

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