**Compassionate Grant Application Form**

The Compassionate Grant is available to students who are unable to complete a unit or course due to extraordinary and/or unforeseen life circumstances outside of their control, or change in finances impacting on their ability to make repayments.

Consideration is given to a student who applies for tuition fee transfer to an alternative study period, partial fee waiver or refund, or a full fee waiver or refund, as a result of withdrawing from an enrolled unit or course outside of the four week withdrawal period.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Student I.D Number: |  |
| Course name: |  |
| Trainer: |  | Date: |  |

**My difficulty relates to**

(Please indicate only the most appropriate and supply a summary of the circumstances)

|  |  |
| --- | --- |
| **Difficulty** | **Summary** |
| **Serious Illness or Injury**Loss of body part.Serious head/eye injury |  |
| **Bereavement (Death) of significant person** |  |
| **Psychological impairment**Disability or Mental Health diagnosis. |  |
| **Exceptional circumstances**Change of financial situation. e.g. Job loss |  |

| **Examples** | **Appropriate supporting documentation**  |
| --- | --- |
| Serious illness or injury (student or significant other) | Letter from a health professional assessing the student or significant other: e.g. GP or clinical specialist.  |
| Bereavement of significant other | Death notice, or order of service from funeral confirming relevant dates. |
| Psychological impairment | Letter from a health professional assessing the student: e.g. Psychiatrist, registered clinical psychologist.  |
| Exceptional Circumstances | Examples of evidence are: Medical certificate, Centrelink letter, Police report, etc. |

**My desired outcome from this application is**

|  |  |
| --- | --- |
|  | Fee Waiver |
|  | Offer of future study with a discounted tuition fee  |
|  | Fees paid deferred to an alternative study period  |
|  | Partial refund of tuition fees  |
|  | Full refund of tuition fees  |

**The following is required to submit**

|  |  |
| --- | --- |
|  | Certified copies of supporting documents if the original is not provided |
|  | Confirmation of payment of fees for courses for which the student is seeking relief |
|  | Notice of withdrawal or partial withdrawal  |
|  | Completed Compassionate Grant Application form |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature: |  | Advisor Signature: |  |
| Student Name: |  | Advisor Name: |  |

Please note: Applicants who supply incorrect or false information will have their application declined. Any student whose application is declined will be advised of their right to appeal the decision. Your application will be processed within a three month period.

Once you have completed this application please arrange an appointment to meet with the **Student Experience Advisor or Student Success** on your campus, if unsure of where they are located please ask at reception.