

1.2 Primary and Secondary School Expenses

This program provides up to \$2,200 per child / per school year for essentials as required by the school. Please refer to the Community Programs Handbook for full program details.

Please tick the box that describes the type of assistance you are requesting

Primary school expenses Secondary school expenses

Need help with this form? Freecall 1800 014 401

Returning this form

Email: applications@ibngroup.com.au
Post: PO Box 2390, South Hedland, WA, 6722
Fax: (08) 9140 0998
In person: 3 Brand Street, South Hedland
973 Central Road, Tom Price
Unit 3, 4 Welcome Road Karratha

Benefits, exclusions and conditions

Refer to the Community Programs Handbook or visit ibngroup.com.au

Required documentation

See 'Attachments' check box. Applications cannot be processed until all required documentation is provided.

Processing time

3-5 working days once all required documentation is received.

IBN Community Member applying for assistance

1 Mr Mrs Miss Ms Other
Snr Jnr
First given name

Second given name

Last name

2 Have you been known by any other name?

No
Yes ▶ Provide name

3 Your date of birth

4 Your gender

Male Female

5 Language group

Yinhawangka Banyjima Nyiyaparli

6 Mobile phone number

(to be used to advise you of the progress of your application)

7 Email address

8 Current home address

Postcode

9 Is your current address the same address you registered with IBN?

No ▶ You will need to complete an 'Update personal details form' and attach it to this application.
Yes

10 Have you received financial assistance for educational purposes from any other trust(s) in the past three months?

No
Yes ▶ Name of organisation

Amount

Who are you seeking assistance for?

11 Are you applying for assistance for yourself?

No ▶ Go to question 12
Yes ▶ Go to question 13

12 You **must** be a legally responsible parent, adoptive parent or guardian of the dependent child/children you are seeking assistance for.

Are you applying for assistance for a dependent child/children legally in your care?

No ▶ You **cannot** apply for assistance for a child/children not legally in your care.
Yes ▶ How many children?

Office use only

Date received CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240

Full name of student	
Date of birth <input type="text" value="/ /"/>	
Name of school	Year level
What is the assistance for? Expense 1	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>
Expense 2	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>
Expense 3	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>
Expense 4	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>
Expense 5	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>

Full name of student	
Date of birth <input type="text" value="/ /"/>	
Name of school	Year level
What is the assistance for? Expense 1	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>
Expense 2	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>
Expense 3	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>
Expense 4	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>
Expense 5	
Name of supplier to be paid	Amount required <input type="text" value="\$"/>



Full name of student	
Date of birth / /	
Name of school	Year level
What is the assistance for? Expense 1	
Name of supplier to be paid	Amount required \$
Expense 2	
Name of supplier to be paid	Amount required \$
Expense 3	
Name of supplier to be paid	Amount required \$
Expense 4	
Name of supplier to be paid	Amount required \$
Expense 5	
Name of supplier to be paid	Amount required \$

Attachments

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To enable IBN to assess your application quickly and accurately you must provide the following documents when submitting your application.

Birth certificate (first application only)

Evidence of school enrolment and fees schedule

Evidence ABSTUDY or other scholarship assistance

School requirements list

School 'POD/BYOD' program information
(for iPads/tablets)

Supplier quotes for eligible expenses and payment details

Dependent child/children

Dependent Child Advice form (if relevant)

Declaration

15 I declare that:

- the information I have provided in this form is true and correct.
- the assistance requested is for my own use or for the use of a dependent child/children legally in my care.

I agree to:

- my information being shared with or checked by other organisations for application assessment purposes.
- IBN contacting my child/children's school to obtain attendance records and reports and for the school to release this information in order for IBN to monitor the progress of their education assistance programs. (IBN does not keep this information as a personal record of individual children).

Signature

Date

/ /