



## Family Information

Name:		Customer Code:	
PO Box and/or Street:			
Town:	State:	Postcode:	
Telephone Home:	Work:	Mobile:	
Fax:	E-mail:		

## Details of Children

Name of Child:	Age:	Studying with ACC- Moreton	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Australian Residents** who **DO HAVE** a current HealthCare Card please fill in **Part A ONLY**.

If you **DO NOT** have a current HealthCare Card please apply to Centrelink.

**Overseas** resident please fill in **Part B on Page 2 ONLY**.

## Part A. - Australian Residents

### DETAILS OF YOUR CURRENT HEALTHCARE CARD OR PENSION CARD

Card Number:		Expiry Date:	
<input type="checkbox"/> I have attached a photocopy of my current HealthCare Card with my Registration. (Without an attached photocopy of your HealthCare Card, your request will not be processed.)			

Those qualifying for financial assistance in 2010 will receive a reduction of 25% in Registration Fees.

### Please read and sign statement below.

If my application is approved, I hereby commit myself to faithful payment of the these fees. Furthermore, I attest to the fact that all statements made on this Request For Concessional Fees are true. I also accept responsibility to inform ACC-Moreton if my income changes. Concessions on fees are for 2010. Should you have a need for a concession for the following year please apply by the end of October.

I understand that ACC-Moreton reserves the right to cancel concessional fees without notice.

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

### OFFICE USE ONLY

CARD SIGHTED: \_\_\_\_\_ CARD CURRENT DATE: \_\_\_\_\_ Account No.: \_\_\_\_\_

Approved/Disapproved: \_\_\_\_\_ Authorisation: \_\_\_\_\_ Date: \_\_\_\_\_

## Part B. - Overseas Residents

Prayerful consideration will be given to all applications from those who have a genuine need, however, not all requests may be approved. Please give the names, addresses and phone numbers of two referees who will support your claim. One of those ought to be your pastor or minister.

Referee 01.	Referee 02.
Name:	Name:
Address:	Address:
Relationship to you:	Relationship to you:
Contact Phone:	Contact Phone:

Please Explain why you have applied for a concession on fees.


### Statement of Monthly Family Income

Income Type:	Source (eg. Employer or government Dept. or Other)	Nett Monthly Amount
Wages (full-time, part-time, Casual)		
Government Allowance		
Government Allowance		
Youth Allowance		
Pension		
Job Search Allowance		
Sickness Benefit		
Maintenance		
<b>Any other Income</b>		
<b>Total Nett Family Monthly Income:</b>		<b>\$</b>
<b>Indicate Your Monthly Expenditure:</b>		<b>\$</b>

Number of family income earners:

Have you had a concession on your fees before?

**No**       **Yes** (if yes, please state which year/s): \_\_\_\_\_

**Please read and sign statement below.**

The above information is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

#### OFFICE USE ONLY

Account No. \_\_\_\_\_ Approved/Disapproved: \_\_\_\_\_ Authorisation: \_\_\_\_\_ Date: \_\_\_\_\_