



## EQUITY ACCESS APPLICATION FORM

1. Submit the completed Equity Access Application Form to your SEH HOD/GO
2. SEH HOD/GO check all sections are complete and submits to the Year Level DP
3. Year Level DP reviews the application with the Executive Leadership Team
4. Year Level DP will inform all parties of the decision and will work with Finance (and IT Team if applicable) to finalise approval and processing (payment/purchase/hire as required) in OneSchool as Support Provision.

|                                                                                                                       |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Who is completing this application?                                                                                   | <input type="checkbox"/> Parent/Guardian<br><input type="checkbox"/> Student<br><input type="checkbox"/> Staff – Name: |
| If a staff member or student is completing this application, has it been discussed with parent/guardian &/or student? | <input type="checkbox"/> Yes – Date:<br><input type="checkbox"/> No – Please discuss                                   |
| Does the parent/guardian and student consent to the application?                                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                            |

### STUDENT DETAILS

|                                  |             |              |
|----------------------------------|-------------|--------------|
| Given Name:                      |             | Family Name: |
| Preferred Name:                  |             |              |
| Address:                         |             |              |
| Year Level:                      | Roll Class: | Email:       |
| Parent/Guardian Name:            |             |              |
| Parent/Guardian Contact Details: |             |              |

### APPLICATION DETAILS \*all sections to be completed

| Description (excursion, equipment, camp etc.) | Subject and/or other details | Estimated costs |
|-----------------------------------------------|------------------------------|-----------------|
|                                               |                              |                 |
|                                               |                              |                 |
|                                               |                              |                 |
|                                               |                              |                 |
|                                               |                              |                 |
| Total Estimated Costs                         |                              |                 |



Background information to assist with the assessment of your application's suitability for Equity Access, including the financial circumstances that have led to your being unable to pay for this school related expense and/or equipment. Please provide as much detail as possible to support our decision.

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\*Please use additional paper if required. Please attach evidence to support your application. If submitting hard copy, staple relevant documents to this application. If electronic, be sure to email relevant documents. \*

## Declaration

I declare that, to the best of my knowledge, the information given is true and correct, and I understand I may be asked to provide further information to assist this application.

Signed:

Date:

## EXECUTIVE DECISION *Confidential – For office use only*

|                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Approved<br><input type="checkbox"/> Not Approved<br><input type="checkbox"/> Further information required<br><input type="checkbox"/> Referral to external organisations | <b>Check List - DP</b><br><input type="checkbox"/> DP Inform applicant<br><input type="checkbox"/> DP Inform SEH/GO<br><input type="checkbox"/> DP Inform IT Team (If applicable)<br><input type="checkbox"/> Forward to Finance | <b>Check List - Finance Team</b><br><input type="checkbox"/> Arrange purchase / payment<br><input type="checkbox"/> Record as Support Provision in OneSchool & attach application form<br><input type="checkbox"/> Forward EQ11 form to Parent/Guardian (for IT related supports) |
| Notes:                                                                                                                                                                                             |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                   |
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Decision made by:

Name:

Date:

Signed: