NSW GOVERNMENT

Payment request form

Rural and Remote Early Childhood Teacher Scholarships

To claim a scholarship payment please complete and submit this form with required documentation to ecec.scholarships@det.nsw.edu.au.

Payment requests must be submitted by one of these deadlines for your payment to be processed:
1 March, 1 August, or 18 December.

Section 1 Details of scholarship recipient

First name:

Family name:

Telephone (work)

Telephone (mobile)

Email:

You will be eligible for different payments at varying stages of your study. Select your payment type below:

How to complete your request for payment

Course progress payment- provided on receipt of official results that indicate the completion of:

- ◯ 25% of total course requirements
- ◯ 50% of total course requirements
- ◯ 75% of total course requirements
- ◯ 100% of the total course requirements

Course Progress Payment
Complete sections 1,2 and 3 and submit relevant official results

Final payment
Provided on receipt of official Statement of Course Completion or official Academic Transcript verifying that you have completed all course requirements for the award of the qualification.

Final payment
Complete Sections 1, 2 and 3 and submit your official Statement of Course Completion or official Academic Transcript.

Section 2 Only complete if you are submitting a course progress or final payment request

Name of university:

Qualification name:

Total credit points to complete qualification minus any credit gained for prior learning:

Total credit points completed so far:

Total credit points claimed for this payment (This should be equal to ¼ of the credit points required to complete the course):

Section 3

If your employer or banking details **have not** changed tick the box/es at **A** below.

If your employer or banking details **have** changed, provide details of these changes at **B** below:

A

Employer details:

☐ Unchanged

Banking details:

☐ Unchanged – as per electronic funds transfer form submitted

B

Change of service details:

Name of service at which you are employed:

Service address:

Service telephone:

Name of service at which you are employed:

Change of banking details

Account name:

Name of bank:

Bank address:

BSB:

Account number:

Section 4

Commitment to Child Safety

Declaration

By submitting this application/payment request, I declare that:

☐ I comply with, and will continue to comply with, all laws relating to child protection.

☐ I am not the subject of, nor have I previously been the subject of allegation, investigation or findings related to misconduct in the early childhood education and care (ECEC) sector, reportable conduct involving children or any other action taken which may affect my suitability to work with children, by:

- any Australian ECEC Regulatory Authority (including the NSW ECEC Regulatory Authority),
- any Australian working with children check (WWCC) screening agency (including the NSW Office of the Children's Guardian),
- my current employer and/or a former employer.

☐ I hold a valid and current WWCC clearance that has not been cancelled, terminated, or interim barred. If I do not currently hold a WWCC clearance, I declare that I am not aware of any matter that may affect my suitability to obtain such
a clearance or to engage in child-related work at any point.

☐ I am not, nor have been:

- charged with or convicted of any offence committed against, with or in the presence of a child,
- the subject of or connected with (for example, by way of referral, accusation or questioning) any investigation or court proceedings into such an offence in any jurisdiction,
- a disqualified person under the Child Protection (Working with Children) Act 2012 (NSW),
- aware of any matter that may affect the good reputation of the NSW Department of Education (DoE) or its scholarship programs.

☐ I understand that making a false or misleading declaration may result in the termination of my scholarship, repayment of funds, and possible proceedings for the offence of fraud and dishonestly obtaining property belonging to another.

☐ I will the notify the DoE immediately if I am unable to comply with any of the above statements while the scholarship

Section 5

Signature of scholarship holder:

Date form completed:

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