



# Veterans' Children Education Scheme (VCES) and Military Rehabilitation and Compensation Act Education and Training Scheme (MRCAETS)

## Application for Assistance *Students under the age of 16 years*

Australian Government  
Department of Veterans' Affairs

**Please read the information below before you start to fill in the form and keep this page for future reference.**

### Completing this form

- This form is for students aged under 16 years. There is a separate form for students aged 16 to 24 years.
- The education allowance for a student aged under 16 years will be paid to the person who usually receives Family Tax Benefit from Centrelink.

**Failure to comply with any of the requirements mentioned below could result in repayment on demand of any allowance improperly received or expended by you.**

You must notify the Department of Veterans' Affairs in writing within fourteen (14) days (or 28 days if you live overseas or in a remote area) if:

- the student ceases the course of study or training;
- the student ceases full-time education;
- the student takes up full-time employment;
- the student is absent from studies for more than 15 school or academic days in a year. If the absence is due to illness or contact with infectious disease you should forward a medical certificate for the period of absence, showing dates and indicating the periods of further absence;
- the student's enrolment details change (i.e. change of school or other educational institution);
- you change your banking arrangements;
- you change your postal and/or residential address;
- you are granted any pension or benefit from Centrelink or any other Australian Government Department for that student;
- you or the student leave Australia;
- any change takes place in the student's parents' marital/relationship status or carer/guardianship arrangements;
- there are any changes to the information supplied by you on this application.

### Who can claim?

Education allowances will be paid to the person who is entitled to be paid Family Tax Benefit for the student. A claim can be made by:

- a veteran, member or former member of the Australian Defence Force; or
- a parent or guardian of the eligible student; or
- another person approved by the veteran, member, former member, parent or guardian of the eligible student; or
- if the veteran, member, former member, parent, guardian is unable to claim, a person approved by the relevant Commission.

**If you require more information or need assistance, please contact the Department. The addresses and telephone numbers are on the next page (page 2) of this form.**



**IMPORTANT**



**Please supply a certified copy of the student's FULL birth certificate and proof of educational enrolment with this application.**

## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

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**Giving false or misleading information is a serious offence.**

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## How to contact DVA

For information, please call the Department of Veterans' Affairs (from anywhere in Australia) on:

**1800 VETERAN (1800 838 372)**

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State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Surrey Hills NSW 2001	GPO Box 9998 Brisbane QLD 4001
Victoria	300 Latrobe Street Melbourne VIC 3000	GPO Box 9998 Brisbane QLD 4001
Queensland	480 Queen Street Brisbane QLD 4000	GPO Box 9998 Brisbane QLD 4001
South Australia	Westpac House 91 King William Street Adelaide SA 5000	GPO Box 9998 Brisbane QLD 4001
Western Australia	AMP Building 140 St Georges Terrace Perth WA 6000	GPO Box 9998 Brisbane QLD 4001
Tasmania	Barrack Place 254 - 286 Liverpool Street Hobart TAS 7001	GPO Box 9998 Brisbane QLD 4001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT 0820	GPO Box 9998 Brisbane QLD 4001
Australian Capital Territory	Gnabra Building 21 Genge Street Canberra ACT 2601	GPO Box 9998 Brisbane QLD 4001



# Veterans' Children Education Scheme (VCES) and Military Rehabilitation and Compensation Act Education and Training Scheme (MRCAETS)

## Application for Assistance

### Students under the age of 16 years

DVA File Number (if known)

**NOTE:**

- Read the form through carefully before you start to fill it in.
- Answer ALL questions using pen (not pencil).
- Mark the appropriate boxes for answers.
- Supply ALL documentation as required.

### SECTION A Student's Details

1. Student's full name Surname

Given name(s)

2. Date of birth

3. Grade this year

4. Name of school

5. Address of school

6. Telephone number of school ( )

7. Is the student engaged in full-time employment? No  Yes

8. Is the student a child or a former child of a Vietnam Veteran?  
 No  ▶ Please go to **Section B**  
 Yes  ▶ Is this application being made on the student's medical grounds?  
 No  ▶ Go to **Section B**  
 Yes  ▶

To determine eligibility for VCES benefits, DVA may need to obtain relevant medical information about the student from a qualified professional (e.g. medical practitioner, psychologist, social worker). In order to do so, information contained in this form may need to be provided to them - **please sign the authorisation and consent below.**

If the student is already seeing a qualified professional (e.g. medical practitioner, psychologist, social worker), please provide the following details:

9. Name of professional

10. Profession

11. Address

12. Telephone number ( )  Mobile

### Authorisation and Consent (applicable only if application is being made on medical grounds)

- I authorise the Department of Veterans' Affairs to obtain medical and other information that would appear to be relevant to determining if the student is an eligible child of a veteran for the purposes of section 116(1)(e) of the *Veterans' Entitlements Act 1986*.
- I consent to the release of medical, clinical or other information by an appropriately qualified professional that would appear to be relevant to determining if the student is an eligible child of a veteran for the purposes of section 116(1)(e) of the *Veterans' Entitlements Act 1986*.

**13. Claimant's signature**

Date

**SECTION B****Claimant's Details** *(person to whom Family Tax Benefit would normally be made)*

14. Title Mr  Mrs  Miss  Ms  Other

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15. Claimant's full name  
Surname   
Given name(s)

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16. Postal address   
 POSTCODE

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17. Contact telephone Home ( )  Work ( )  Mobile

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18. E-mail address

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19. Your relationship to the student

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20. Does the student live in your home? No  Yes

Name of the student's primary care giver/guardian

Care giver/guardian address   
 POSTCODE

**SECTION C****Veteran's/Member's Details**

21. Title Mr  Mrs  Miss  Ms  Other

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22. Veteran's/Member's full name  
Surname   
Given name(s)   
Date of birth  /  /

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23. Veteran's/Member's Defence Service/PMKeys number(s) *(if known)*

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24. What is the Veteran's/Member's relationship to the student?

Parent  Guardian - please provide a brief statement explaining how the student came into your care. If relevant, please provide a copy of any standing orders from the Family Court etc.

Child

Adopted child

Step child

Grandchild

Foster child

Other - please specify

**SECTION D****Parent/Family Status**

25. Student's parent/family status

This information is required to assist in determining eligibility for assistance.

Married  Separated  Defacto  
 Divorced  Single  Widow/widower

**SECTION E****Living Away From Home Allowance**

Complete only if the student will be living away from home this year - this does not apply to primary school students.

**26. To be paid this rate you must be incurring additional expenses as a result of the student living away from home for one of the following reasons:**



Please attach a supporting statement.

- the student does not have education facilities accessible from home; or
- the student is enrolled in a special course approved for the payment of allowances under the Commonwealth Assistance to Isolated Children Scheme; or
- the student has a disability; or
- the student requires specialised remedial tuition; or
- the student is a member of an itinerant family; or
- the student's academic needs are not met by local secondary facilities;
- the student's home conditions are detrimental to his/her educational progress.

**SECTION F****Other Assistance**

**27. Does anyone receive Family Tax Benefit for the student?**

If more than one parent is paid family payment for the student, please provide details and percentage paid, if known.

No

Yes  ▶ Name(s)

Address

POSTCODE

Relationship to student (e.g. mother, father, guardian)      Percentage received

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

**28. Have you/someone on your behalf received a Schoolkids Bonus for the student from Centrelink?**

No

Yes  ▶ Date received  /  /

**29. Have you/someone on your behalf received an Income Support Bonus for the student from Centrelink?**

No

Yes  ▶ Date received  /  /

**30. Other benefits:**

If any other assistance is being provided for the student, please give details (e.g. ABSTUDY, AIS).

**SECTION G****Account Details**

Payment will be made directly to the account details you provide below.

Payments must be to the person who receives Family Tax Benefit or who would receive it if it was payable.

**31. Full name of bank, building society or credit union**

**32. Name in which the account is held**

**33. BSB number**

**34. Account number**

**35. Account type (e.g. savings)**

**36. Address of branch where account is held**

**SECTION H****Declaration**

- I declare that I am a person authorised to make this claim (see page 1 for a list of who can claim).
- I declare that the information I have given on this form is complete and correct.
- I will notify the Department within fourteen (14) days (or 28 days if I live overseas or in a remote area) of any changes to this information.
- I will refund to the Department any payment to which I am not entitled.
- I authorise the Department to obtain any relevant details from educational institutions and other authorities.
- I am aware that there are severe penalties for deliberately making a false declaration.

SIGNATURE of claimant



DATE

/ /

If the claimant is unable to sign this form:

- sign the form on behalf of the claimant; and
- complete the next Section (SECTION I) for you to act on behalf of the claimant.

**SECTION I****Authority to Act on Behalf of the Claimant**

The claimant may elect to have a friend or relative, or an ex-service organisation (or its representative) act on her or his behalf in relation to this claim. If so, this authority must be completed by that person.

I declare that I am authorised by:

to act on her/his behalf in matters relating to this claim.

CLAIMANT SIGNATURE



DATE

/ /

**37. Title**Mr  Mrs  Miss  Ms  Other **38. Your full name****39. Address**
  
 POSTCODE
**40. Telephone numbers**

Home

( )

Work

( )

**41. Your relationship to claimant**

SIGNATURE



DATE

/ /

**Please remember to attach supporting documentation**