



## Women's Return to Work Grants - Application Form

### About you

1. What is your full name? \_\_\_\_\_

2. What is your date of birth? \_\_\_\_\_ (Day/Month/Year)

3. Where do you live?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### More about you

4. Have you lived in the ACT for the last 3 months?  Yes  No

5. Have you worked in paid employment for more than four consecutive months over the previous 12 months?

Yes  No

6. Are you on a low income? (Attachment A has information about what a low income is)

Yes  No

7. Have you received this grant before?

Yes  No

8. Have you been out of the workforce due to caring responsibility for 12 months or more?

Yes  No

9. If so, who were you caring for?

- Child/Children
- Other Family Member
- Someone else's child
- Other \_\_\_\_\_

10. Do you currently receive any financial assistance for study or training?

Yes  No

11. If yes, who from? \_\_\_\_\_

12. How did you hear about the Women's Return to Work grants? Please tick.

Internet/Website  Community Organisation  Government  Training Provider  Email/Mail

**Please turn the page over.**



**Statement**

By signing this form, I declare that:

- The information provided in this form is correct to the best of my knowledge.
- I will notify the Return to Work Coordinator of any changes to this information **within 14 days** of the change occurring.

I also understand that:

- Giving false or misleading information is a serious offence.
- The Return to Work Coordinator can make relevant enquiries to ensure my information is correct.
- The Return to Work Coordinator will survey me about how I benefited from the program.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_ (day/month/year)