Commonwealth Prac Payment (CPP) – Exceptional Circumstances Application Form

Information

Use this form if you:

- ✓ have a Commonwealth Supported Place in your program; and
- ✓ are enrolled in an eligible program; and
- ✓ are undertaking a mandatory placement as part of a course you are enrolled in; and
- ✓ have demonstrable exceptional circumstances, but you:
  - x don't meet the requirements for placement hours; or
  - x don't meet the 'Need to Work Test' or 'Income Test'

Exceptional circumstances are circumstances that are*:*

- outside your control (such as a disability), and/or
- temporary, uncommon, irregular, or unusual (such as a short-term illness).

AND

- have a **direct** and **significant** impact on your ability to meet one or more of the following eligibility criteria:
  - participate in your placement for an average of 30 hours or more per week
  - provide evidence you receive a Commonwealth income support payment
  - meet the 'Need to Work Test' and 'Income Test'.

AND

- in the case of income support, the 'Income Test' or 'Need to Work Test', you would normally meet the eligibility criteria for CPP in your regular day-to-day life during normal studies.

Instructions

1. Complete this form and save a copy.
2. If you have a Student Access Plan for the relevant semester, save a copy of that, as well as a copy of the Medical Document or Carer's Document you submitted to the Student Disability advisor
3. If you don't have a Student Access plan (or don't wish to use it), enter your details in a CPP Medical Disability Information Form and/or CPP Carer Form, and get a qualified health practitioner to complete the remaining details on the form. Save a copy of this form
4. Apply for the CPP through my.Requests in your my.UQ dashboard and attach the above documents.
5. If you have already submitted your CPP application, please use the Enquiry form to request your application to be reassigned to you via the my.UQ dashboard

Note that the documents should

- Be a PDF, PNG, JPG, JPEG, DOC, or DOCX
- Have a filename which contains only uppercase and lowercase English characters, numeric digits, spaces, hyphens, underscores and full stops
- Be less than 5MB in size

How your application will be assessed

1. UQ will assess your CPP application and exceptional circumstances application, including the supporting documents you attach. We may ask you to provide further information or clarification.
2. We will refer your application (including all the documents provided with your CPP and exceptional circumstances application) to the Department with a recommendation (through a secure ftp site)
3. The Department will make a decision on whether or not to approve your CPP application under the exceptional circumstances provisions and advise UQ
4. UQ will notify you of the final outcome in writing via the my.UQ dashboard

ALL SECTIONS MUST BE COMPLETED AND THE FORM MUST BE SIGNED AND DATED

1. Student Details

Full name	
Student ID	

2. Eligibility Category

Affirm all statements which are true

My circumstances have a direct and significant impact on my ability to

☐ Attend placements for a minimum average of 30 hours a week

☐ Meet the Need to Work and/or Income Test

☐ Provide the required documentary evidence of my Income Support Payment

☐ Other (provide details):

3. Which category of exceptional circumstances are you applying under?

☐ Disability

☐ Health and Medical

☐ Acute personal or family life event

4. Are your circumstances related to your caregiving responsibilities?

☐ Yes - children

☐ Yes - dependants

☐ No

5. Please indicate the nature of your exceptional circumstances (select one or both)

☐ **Ongoing** Select this if you can't meet the CPP eligibility criteria due to an ongoing issue (e.g. you have a disability). These circumstances are typically long-standing and may predate the CPP evidentiary period but are considered exceptional where they continue to present a barrier to eligibility and are outside your control.

☐ **Episodic** Select this if you can't meet the CPP eligibility criteria because they have been affected temporarily, uncommonly, irregularly or unusually (e.g. you were sick (or someone you are a primary carer for was sick) during the four-week evidentiary period and you were unable to work at least 15 hours a week).

For episodic circumstances please specify the dates during which you were impacted:

Start date		**End date**	

6. My circumstances relate to

☐ The 4-week evidentiary period for the need to work and income test

☐ The period of placement

7. Do you request and authorise Enrolments to obtain information and documents relating to your Student Access Plan from Student Support and Wellbeing Services?

☐ **Yes** Please select this if you have an SAPD in place and wish to use it, but don't have a copy.

☐ **No** Please select this if don't have an SAPD in place, or don't wish to use it. You must submit a CPP Medical Disability Information Form and/or CPP Carer Form.

8. Please provide a summary of your circumstances and any other information that may assist us with assessing your application in the following section

9. Declaration

- I declare that:
  - the information I have provided in my application is correct, complete and authentic to the best of my knowledge
  - I have conscientiously answered all the questions, believing the same to be true.
  - I have read the University's Privacy Policy
  - I have read the Department's Privacy Policy and understand:
    - how the Department will manage my personal information,
    - how to make a complaint,
    - seek access to and correction of my personal information, and
    - I can contact the Department for more information about the use of my personal information by emailing privacy@education.gov.au.
- I understand that:
  - submission of incorrect or false information may result in disciplinary action and legal consequences, and impact the outcome of my application
  - providing misleading information may be an offence under the Criminal Code
- I consent to:
  - My information and application being disclosed to the Department
  - The Department's collection, use and disclosure of my personal and sensitive information, for Program purposes including assessing exceptional circumstances applications, evaluation activities, feedback surveys, performance monitoring and program reporting
  - submission of incorrect or false information may result in disciplinary action and legal consequences, and impact the
- I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided.

Signature		**Date**	