



# Eligibility checklist for maths, science, education and nursing (including midwifery) graduates

Complete **all** the questions in the eligibility checklist below.

If you answer:

- **yes** to all of the questions, you are eligible to apply for the HECS-HELP benefit for maths, science, education and nursing (including midwifery) graduates.
- **no** to any of the questions, you are **not** eligible for the benefit. However, if you believe you are eligible to apply, phone us on **1300 650 225** to discuss your eligibility requirements.

❗ If you need help answering any of the questions below, refer to the [instructions](#) (see question reference provided) to help you.

---

## Eligibility checklist

	Yes	No
Are you applying for the <b>2015–16 and/or the 2016–17 income year</b> ? If you are applying for both years, you must complete a separate application for each year.	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed one of the following: <ul style="list-style-type: none"><li>■ an <a href="#">undergraduate natural or physical sciences course of study</a> (maths or science graduate – classified as being in Broad Field 01 Australian Bureau of Statistics) <b>after</b> 30 June 2008?</li><li>■ an <a href="#">education course of study</a> <b>after</b> 30 June 2009?</li><li>■ <a href="#">nursing (including midwifery) course of study</a> <b>after</b> 30 June 2009?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
Were you a Commonwealth supported student for some, or all, of that course?	<input type="checkbox"/>	<input type="checkbox"/>
Were you employed in an <a href="#">eligible occupation</a> in Australia related to that course for at least one week in the income year (1 July – 30 June) for which you are applying? See questions 9 and 13.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur a HELP debt at course completion in respect of that course and still have some or all of that HELP debt to repay?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a HELP debt in the income year (1 July – 30 June) you are claiming for?	<input type="checkbox"/>	<input type="checkbox"/>
Are you required to make a compulsory repayment or overseas levy in the income year (1 July – 30 June) for which you are applying?	<input type="checkbox"/>	<input type="checkbox"/>



# HECS-HELP benefit application for maths, science, education and nursing (including midwifery) graduates

## COMPLETING YOUR APPLICATION

- You must complete **all** questions below before submitting your application.
- Use the 'check form' button at the end of this application to ensure all questions have been completed.
- Refer to the [instructions](#) to help you complete this application.

❗ Complete and print your application in one session, because data entered cannot be saved when you close the file.

Ensure you sign the declaration before lodgment.

Make a copy of your application for your own records.

## Section A: Personal details

1 **Your tax file number (TFN)**

❗ We are authorised by the *Taxation Administration Act 1953* to collect your TFN. You are not required by law to provide your TFN. However, quoting your TFN reduces the risk of administrative errors that could delay the processing of your application.

2 **Your full name**

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name/s

Has any part of your name changed since completing your eligible course of study?

No  Go to question 3.

Yes  Provide your previous family and first name.

Previous family name

Previous first name

3 **Your postal address**

Provide the address where you want your mail sent.

Suburb/town/locality

State/territory  
    
(Australia only)

Postcode  
      
(Australia only)

Country if outside Australia

Have you changed your postal address since your last tax return?

No  Go to question 4.

Yes  Print your postal address as it was when you last dealt with us.

Suburb/town/locality

State/territory  
    
(Australia only)

Postcode  
      
(Australia only)

Country if outside Australia

4 **Your date of birth**   /   /

## 5 Your contact details

If we need to ask you about your application, it is quicker by telephone.

Daytime phone number (including area code)

Mobile phone number

Email address

---

## Section B: Course details

❗ If you are eligible to apply for more than one type of benefit provide additional course details (covering questions 6–8) for each eligible course on a separate sheet of paper and include with this form. For example, you meet the eligibility requirements as a maths or science graduate and as an education graduate. Make sure you include your full name and TFN on each sheet of paper.

## 6 Your course name

As shown on your academic transcript or testamur – for example, Bachelor of Medical Science, or Bachelor of Mathematics. See the link to the eligible courses in the instructions at question 6. If your course is not listed, you are not eligible for the benefit.

## 7 The date you completed your course

This is the date that you successfully met the academic requirements for your course as advised by your provider.

Day                      Month                      Year  
 /  /

If you are a maths or science graduate, the date you completed your course of study must be **after 30 June 2008**.

If you are an education or nursing (including midwifery) graduate, the date you completed your course of study must be **after 30 June 2009**.

## 8 The place where you completed your course

The name of your higher education provider – for example, La Trobe University.

---

## Section C: Occupation details

❗ If you have more than one eligible occupation, provide details (covering questions 9–11) on a separate sheet of paper and include with this form. Make sure you include your full name and TFN on each sheet of paper.

## 9 Your occupation

Provide your maths, science, education or nursing (including midwifery) occupation (see the list of eligible occupations in the instructions at question 9. If your official occupation is not listed, you are **not eligible** for the benefit.

## 10 Your payer's registered business or trading name

Provide the name of your payer's (employer's) registered business or trading name. For example, 'XYZ Secondary College'.

## 11 Your payer's contact details

Provide the name of the contact person for your payer (employer).

This could be your payroll officer, human resource manager or area that organises your payroll.

Daytime phone number (a contact number must be provided)

## 12 Income year you are applying for

Place an **X** next to the income year you wish to apply for. If you believe you are eligible to apply for both income years, you must complete a separate application for the additional year.

1 July 2015 – 30 June 2016       1 July 2016 – 30 June 2017

## 13 Number of weeks employed in your occupation after completing your course

If you worked the full income year in Australia (1 July – 30 June) enter '52' in the relevant box below.

If you only worked part of the income year in Australia, and need help calculating the weeks you can claim, go to question 13 in the Instructions.

Maths/Science       Education       Nursing (including midwifery)

---

## Section D: Declaration

### Privacy

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For further information about your privacy go to [ato.gov.au/privacy](http://ato.gov.au/privacy)

Penalties may be imposed for giving false or misleading information.

### Declaration

- I declare that the information given on this application, including any attachments, is accurate and complete.
- I understand that I cannot withdraw my application once it has been processed.

### Signature

Date

Day      Month      Year  
 /  /

---

## Lodging your application

Send your completed application, including any attachments, to:

**Australian Taxation Office**  
PO Box 1032  
ALBURY NSW 2640

Make a copy of your application for your own records before you send it.