



# WA STUDENT ASSISTANCE PAYMENT – CLAIM FORM

## COMPLETE THIS FORM IN ENGLISH

### PLEASE NOTE:

The ServiceWA app is a much faster, easier and more secure way to access the WA Student Assistance Payment.

Claims made through this claim form will take up to 30 days for a payment to be received.

Claims made through ServiceWA will take only around 7 days.

ServiceWA also provides stronger and more secure protection of your personal information.

For more information on claiming through ServiceWA, visit: [www.education.wa.edu.au/wasap](http://www.education.wa.edu.au/wasap)

### Use this form to claim the WA Student Assistance Payment for eligible students in your care.

All Western Australian school students in Kindergarten to Year 12, with a valid WA student number, are eligible for a one-off cost-of-living payment. You can claim \$150 for each primary school student and \$250 for each secondary student.

### TO COMPLETE THIS FORM, YOU WILL NEED:

1. The WA student number (WASN) for each student. This 8-digit number is sometimes called a SCSA or student number. This number can be found on school reports, including previous NAPLAN results. It may also be on a secondary student's SmartRider.
2. The name at time of enrolment, date of birth, school name and year level of each student you are claiming for.
3. Proof of identity for the claimant based on a 100-point identity check.
4. The bank account details where the payment will be deposited.

### PAYMENTS

Amounts are stated and paid in Australian dollars to an Australian bank account.

You authorise the WA Government (or the entity making the payment) to pay the amount by electronic fund transfer into the bank account nominated by you in your claim.

Payment is made when the WA Government (or the entity making the payment) has instructed its bank to credit your nominated bank account.

The WA Government is not liable for any delays in payment.

You are solely responsible for ensuring that your nominated bank account details are correct. The WA Government is under no obligation to check those details, or remedy any mistakes in them.

If the payment is incorrectly paid to your nominated bank account, you must repay the amount to the WA Government.

Call 1800 882 345 for any queries about eligibility or how to claim.

**Complete and post this form, along with copies of 100-points of identification to Department of Education, Reply Paid 85719, EAST PERTH, WA 6892 Claims must be received by Friday 28 June 2024.**

# WA STUDENT ASSISTANCE PAYMENT – CLAIM FORM

Complete and post this form, along with copies of 100-points of identification to Department of Education,  
Reply Paid 85719, EAST PERTH, WA 6849. Claims must be received by Friday 28 June 2024.

## CLAIMANT DETAILS

### THE DETAILS OF THE PERSON MAKING THE CLAIM

FIRST NAME	LAST NAME	DATE OF BIRTH / /
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### RESIDENTIAL ADDRESS

UNIT/HOUSE NUMBER AND STREET		
LOCALITY/SUBURB	STATE	POSTCODE

**EMAIL** All claim progress updates will be sent to this email address.

EMAIL ADDRESS
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**POSTAL ADDRESS** If no email address is provided, a postal address must be provided to receive updates of your claim.

AS ABOVE

**OR**

STREET ADDRESS OR PO BOX		
LOCALITY/SUBURB	STATE	POSTCODE

**PHONE** Include area code for landline.

PREFERRED DAYTIME PHONE NUMBER
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### PROOF OF IDENTITY OF CLAIMANT BASED ON A 100-POINT IDENTITY CHECK

Visit [www.education.wa.edu.au/wasap/proof-of-identity](http://www.education.wa.edu.au/wasap/proof-of-identity) for information on how to get 100-points of identification.

COPIES OF IDENTITY DOCUMENTATION EQUALLING 100-POINTS IS ATTACHED TO THIS CLAIM.

**OR**

SCHOOL EXCEPTION CLAIM

COMPLETE THIS FORM AND MAKE AN APPOINTMENT WITH YOUR CHILD'S SCHOOL TO CONFIRM YOUR CLAIM.

**BANK DETAILS** The account where any payments will be deposited – please check this account number carefully.

BSB	ACCOUNT NUMBER
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Complete student details on next page.

## STUDENT DETAILS

STUDENT 1		
FIRST NAME	LAST NAME	DATE OF BIRTH / /
SCHOOL		YEAR LEVEL
LOCALITY/SUBURB		WASN
STUDENT 2		
FIRST NAME	LAST NAME	DATE OF BIRTH / /
SCHOOL		YEAR LEVEL
LOCALITY/SUBURB		WASN
STUDENT 3		
FIRST NAME	LAST NAME	DATE OF BIRTH / /
SCHOOL		YEAR LEVEL
LOCALITY/SUBURB		WASN
STUDENT 4		
FIRST NAME	LAST NAME	DATE OF BIRTH / /
SCHOOL		YEAR LEVEL
LOCALITY/SUBURB		WASN
STUDENT 5		
FIRST NAME	LAST NAME	DATE OF BIRTH / /
SCHOOL		YEAR LEVEL
LOCALITY/SUBURB		WASN

## CLAIMANT DECLARATION

I declare that the information and all documents I have provided are true and correct and know that:

- it is my responsibility to check the information and documents that I have provided are correct;
- providing false and misleading information or documents can be considered fraud, which is a crime;
- the information and documents provided will be cross checked with other sources; and
- I may have to pay the costs of legal action to recover money that is inappropriately claimed or paid to me.

I consent to:

- the collection of the information and documents submitted with this claim;
- my personal and financial information and student(s) information being used and disclosed to validate, process and report on this claim, and for the administration of the WA Student Assistance Payment;
- my information being disclosed to third parties for the validation and processing of my claim or as required or authorised by law; and
- my information and my student(s) information otherwise being used in accordance with the Department of Education's privacy policy (available at [www.education.wa.edu.au/privacy](http://www.education.wa.edu.au/privacy)).

SIGNED	DATE SIGNED / /
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## SCHOOL EXCEPTION CLAIM

**TO BE COMPLETED BY PRINCIPAL OR DELEGATED AUTHORITY WHO HAS BEEN AUTHORISED  
BY THE DEPARTMENT OF EDUCATION WESTERN AUSTRALIA**

### CONFIRMATION

I confirm that:

My name and email address have been approved by the Department of Education as a Delegated Authority for the purposes of attesting to claims for the WA Student Assistance Payment.

Mark the box with a ✓ to all that apply.

I confirm that:

The claimant has a relationship to all student/s as listed.

The claimant is an independent minor or young carer.

FULL NAME

POSITION

EMPLOYEE NUMBER

EDUCATION EMAIL ADDRESS

SCHOOL

SCHOOL CODE

SIGNED

DATE SIGNED

/ /