

Payment request form

Rural and Remote Early Childhood Teacher Scholarships

To claim a scholarship payment please complete and submit this form with required documentation to ecec.scholarships@det.nsw.edu.au.

Payment requests must be submitted by one of these deadlines for your payment to be processed:
1 March, 1 August, or 18 December.

Section 1 Details of scholarship recipient

First name:		Family name:	
Telephone (work)	Telephone (mobile)	Email:	

<p>You will be eligible for different payments at varying stages of your study. Select your payment type below:</p> <p>Initial payment – provided on receipt of:</p> <ol style="list-style-type: none"> Two completed and signed copies of the Deed of Agreement A completed and signed copy of the Authority to Release A completed and signed EFT form A description of your course structure listing all subjects you are required to complete to attain the four year trained ECT qualification. A Request for Payment form. 	<p>How to complete your request for payment</p> <p>Initial Payment Complete Sections 1 and 3 only and return the completed documents (listed at left).</p>
<p>Course Progress payment - provided on receipt of official results that indicate completion of:</p> <ul style="list-style-type: none"> 25% of the total course requirements 50% of the total course requirements 75% of the total course requirements 100% of the total course requirements. 	<p>Course Progress payment Complete Sections 1, 2 and 3 and submit relevant official course results.</p>
<p>Final payment Provided on receipt of official Statement of Course Completion or official Academic Transcript verifying that you have completed all course requirements for the award of the qualification.</p>	<p>Final payment Complete Sections 1, 2 and 3 and submit your official Statement of Course Completion or official Academic Transcript.</p>

Section 2 Only complete if you are submitting a course progress or final payment request

Name of university:

Qualification name:

Total credit points to complete qualification minus any credit gained for prior learning: Total credit points completed so far:

Total credit points claimed for this payment (This should be equal to ¼ of the credit points required to complete the course):

Section 3

If your employer or banking details **have not** changed tick the box/es at **A** below.

A

Employer details:

Unchanged

Banking details:

Unchanged – as per electronic funds transfer form submitted

Commitment to Child Safety Declaration

By submitting this payment request, I declare that:

I am not subject to any action taken by the NSW Early Childhood Education and Care Regulatory Authority, including a prohibition, direction to exclude, enforceable undertaking, compliance notice or any other action.

I am not subject to any action taken by the NSW Early Childhood Education and Care Regulatory Authority, including any allegation, investigation, or findings related to misconduct, reportable conduct involving children or any other matter which may affect my suitability to work with children.

I declare that I am not aware of any matter that may affect my suitability to work with children. I have not been charged with or convicted of any child related offences.

I understand that making a false or misleading declaration may result in the termination of my scholarship and repayment of funds.

I will notify the Department immediately if any relevant matters arise, involving WWCC, criminal charges, or regulatory actions, during the period of receiving scholarship funds.

Signature of scholarship holder:

Date form completed:

/ /

If your employer or banking details **have** changed, provide details of these changes at **B** below:

B

Change of service details:

Name of service at which you are employed:

Service address:

Service telephone:

Name of service at which you are employed:

Change of banking details

Account name:

Name of bank:

Bank address:

BSB:

Account number: