

CSEF Application Form

School REF ID				
Parent/legal gua	ardian details			
Surname				
				•1
				*
Town/suburb				Postcode
Contact number				
Centrelink pensioner concession OR Health care card number (CRN) ———————————————————————————————————				
Student details				
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
customer details and conces		nable the business to deter	mine if I qualify for a conces	n an enquiry of my Centrelink ssion, rebate or service. I also hat enquiry to DET.
I understand that:	ormation I have provided to th	oo DET to confirm my clicik	illiby for the Comes Sends	and Francisco Francisco
	ormation I have provided to the rsonal information including n			
	remains valid unless I withdra	,		
 I can obtain proof of my circ Excursions Fund can be de 	cumstances/details from the determined.	department and provide it t	o DET so that my eligibility f	or the Camps, Sports and
 if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Camps, Sports and Excursions Fund provided by DET. 				
 Some personal information may be disclosed to the Victorian Department of Health and Human Services, for the purpose of evaluation and monitoring of concession card services. 				
You are able to request acce your child's school.	ss to the personal information	n that we hold about you, a	nd to request that any errors	s be corrected, by contacting
Signature of appl	icant		r	Data / /