

Customer Confirmation Written Consent



***Applicable for Certificate courses only**

(Office use only)

Student Number				Title	Mr / Mrs / Ms / Other			
Surname / Family Name				Given Name/ s				
Date of Birth								
Course Code			Course Title					
Residential Address Must be in WA	Number		Street					
	Suburb			State	WA	Post Code		
Telephone	Mobile		Home			Work		

CONCESSION CATEGORIES (please tick)	CODE	(✓)
a) Persons and dependants of persons holding:		
• A Pensioner Concession Card	D	
• A Repatriation Health Benefits Card issued by the Department of Veterans' Affairs	E	
• A Health Care Card	N	
b) Persons and dependants in receipt of Austudy or Abstudy	G	
c) Persons and dependants in receipt of Youth Allowance	O	
d) Persons who are Inmates of a Custodial Institution	Q	

Please note:

Forms must be submitted by **31 March**

You will be informed via your ECU Student Email Account once your Concession has been processed or if any further information is required.

The Concession rate applies to students in Certificate courses only.

For further information of Concession rates please refer to: <http://www.futureskillswa.wa.gov.au/fees/Pages/help.aspx>



Customer Confirmation Written Consent

This consent will be used for the sole purpose of authorising Department of Human Services to provide information to Edith Cowan University to assess your eligibility in relation to concessions or services provided by Edith Cowan University.

Customer Confirmation

I _____ authorise Services Australia to confirm with Edith Cowan University the current status of my Commonwealth Benefit and other details as they pertain to my concessional entitlement. This involves electronically matching details I have provided to Edith Cowan University with Services Australia records to confirm whether I am currently receiving a Services Australia.

I understand that once this consent is given it remains valid unless I revoke it by contacting Services Australia or Edith Cowan University.

A brochure is available from Department of Human Services that provides more details about the Department of Human Services Confirmation eServices or on Department of Human Services website at www.humanservices.gov.au

☐ I am the primary cardholder

☐ I am the secondary cardholder *

(* If student is secondary holder then primary must complete & sign too)

Signature:

Signature:

Customer CRN:

Customer CRN:

Date:

Date:

Please submit completed application to the Student Fees Office:

Email: enquiries@ecu.edu.au (please send scanned copy via your ECU Student Email Account)

Post: Student Fees Office, ECU Joondalup Campus, 270 Joondalup Drive, Joondalup WA 6027

In Person: Student Hub on your home campus