



HECS Reimbursement Scheme application

Important information

Complete this form to apply for the HECS Reimbursement Scheme. The HECS Reimbursement Scheme is a Department of Health and Ageing initiative administered by Medicare Australia. The HECS Reimbursement Scheme is subject to change or termination at any time, depending on government policy. Payments are made on a discretionary basis and doctors do not have a legally enforceable entitlement to receive HECS reimbursements.

If it is not possible to obtain a supervisor's signature to verify the completion of a period of service or training, it is acceptable for applicants to attach a statutory declaration to their application form. A statutory declaration is a statement of facts written in prescribed form, which the declarant declares to be true and signed before an authorised person. Statutory declaration forms are available at most newsagencies and post offices.

To obtain the Australian Taxation Office (ATO) HECS Statement call the ATO Information Line on **1300 650 225** (call charges may apply).

Part-time service or training

Applicants for the HECS Reimbursement Scheme undertaking training or providing services on a part-time basis of more than 10 hours per week will be provided reimbursement on a pro-rata basis.

Applicants undertaking training or providing services part-time will need to provide appropriate evidence that their primary position of employment is in an eligible rural location.

Assistance

If you need assistance completing this form or information about the HECS Reimbursement Scheme call **1800 010 550** (call charges may apply) between 9.00 am and 5.00 pm ACST, Monday to Friday.

For more information about the Australian Standard Geographical Classification – Remoteness Area (ASGC - RA) or the HECS Reimbursement Scheme Guidelines, go to www.doctorconnect.gov.au

Lodgement

Send the completed form with the relevant documents to:

HECS Reimbursement Scheme
GPO Box 2844
ADELAIDE SA 5001

or fax to: **08 8274 9306**

If you fax this form to Medicare Australia you must retain the original for auditing purposes. If the original document cannot be located, the faxed copy held by Medicare Australia will be recognised as the original document.

Print in **BLOCK LETTERS**

Tick where applicable

Checklist

Before sending this form to Medicare Australia, check that:

- You have read the guidelines relating to the HECS Reimbursement Scheme
- Your supervisor has signed your form or you have completed a statutory declaration if they are unable to do so
- You have attached all documentary evidence
- You have supplied a complete mailing address for all mail relating to the HECS Reimbursement Scheme
- You have retained a copy of this form for your own records

Applicant's details

1 Medicare provider number (if applicable)

2 Tax file number

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3 Dr Mr Mrs Miss Ms Other

Family name

First given name

4 Postal address

 Postcode

5 Daytime phone number

 ()

Mobile phone number

Fax number

 ()

Email address

@

6 Your sex

Male

Female

7 Were you an Australian or New Zealand citizen, or a permanent resident of Australia at the time of completing your medical degree?

No Please refer to the HECS Reimbursement Scheme Guidelines for eligibility.

Yes Give details below

8 What method of payment did you choose for your HECS liability?

Upfront attach evidence of the amount of HECS paid (university receipts, indicating fees paid per semester)

Deferred attach evidence of your deferred HECS debt per semester (statement from the ATO)

Combination attach evidence of both



Attach documentary evidence as requested above.

Study details

Provide details about your medical degree, including the university, year of degree commencement and year of degree completion.

9 Degree title

10 University

11 Year of degree commencement

Year of degree completion



Attach documentary proof of graduation (copy of your degree or final transcript) indicating date of conferral.

12 Have you received any bonded scholarships?

No **Go to 14**

Yes Attach bonded scholarship details

13 What was the scholarship amount received per annum?

Name of scholarship

Year(s) of scholarship

14 Have you received any other scholarships?

No **Go to 18**

Yes Attach scholarship details

15 What was the scholarship amount received?

Name of scholarship

Year(s) of scholarship

16 Do you have any return of service obligation?

No **Go to 18**

Yes

17 Is the period of training and/or service provided in your application form part of your return of service obligation?

No

Yes Indicate the number of years required for your return of service obligation

Applicants are not eligible to receive HECS reimbursements while completing return of service obligations.

Locations and periods of service

The training or service period to be covered in this section is 12 months.

18 Complete training locations as required

1

Training Location

Town

State Postcode

Date commenced Date ceased

Name of supervisor

Supervisor's signature

Supervisor's daytime phone number

2

Training Location

Town

State Postcode

Date commenced Date ceased

Name of supervisor

Supervisor's signature

Supervisor's daytime phone number

3

Training Location

Town

State

Postcode

Date commenced

Date ceased

Name of supervisor

Supervisor's signature

Supervisor's daytime phone number



If you have more than three training locations, attach a separate sheet with details.

19 If you work less than 21 hours per week, record the average hours below:



Attach documentary evidence of part-time hours.

Leave requirements

20 Have you taken any leave greater than four weeks annual and 14 days sick or family leave within the time frame covered in the payment period?

If you are training or providing services in Queensland, five weeks of annual leave may be accepted.

No

Yes Complete the following for each period of leave

Date commenced leave

Date returned to work

Reason for leave

Additional leave (if required)

Date commenced leave

Date returned to work

Reason for leave



If you need more room, attach a separate sheet with details.

Bank account details

Payments will be paid by Electronic Funds Transfer (EFT) into your nominated bank account. Payments cannot be made to credit card, loan or mortgage accounts.

21 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s)

Declaration

22 I agree to:

- advise Medicare Australia within 14 days of any change in my circumstances which may affect my entitlement under the HECS Reimbursement Scheme.

I declare that:

- the information on this form is correct.

Applicant's signature

Date

Privacy Note

The information on this form will be used to assess your eligibility to receive payments under the HECS Reimbursement Scheme. The collection of this information is authorised by the *Medicare Australia Act 1973*. This information may be disclosed to the Department of Health and Ageing, the Australian Taxation Office, other government agencies or as authorised or required by law. Your bank account details will be disclosed to the relevant financial institution to facilitate payments to you.