

OS-HELP LOAN APPLICATION A56

Complete and sign this form to apply for an OS-HELP loan at Victoria University (VU). Please read the information and instructions below carefully before you complete the details on the reverse. You can mail, fax, or email the completed form to the Victoria Abroad addresses below.

**We will notify you of the outcome of your application by mail, fax or email.
Please indicate your preferred method of contact.**

INFORMATION ABOUT THE OS-HELP LOAN APPLICATION

OS-HELP (Overseas Higher Education Loan Program) is available to eligible full-time undergraduate higher education students who study at an approved institution overseas. OS-HELP Loan assistance allows for a cash payment of up to \$5523 for a six month study period and is available for a maximum of two six month periods.

To be entitled to OS-HELP assistance for a six month study period overseas, you must:

1. Be an Australian citizen or hold a permanent humanitarian visa
2. Not have received an OS-HELP Loan on more than one other occasion
3. Be enrolled in an undergraduate course of study
4. Have already completed at least 1 equivalent full-time student load (EFTSL) of study that counts towards your course, as either:
 - a. A Commonwealth supported student
 - b. A HECS liable student under the Higher Education Funding Act 1988
 - c. A student who was exempt on the basis of receiving a merit-based equity scholarship
5. Be enrolled in study, with an overseas higher education institution, which counts as credit for the course of study in which you are enrolled with Victoria University
6. Be outside Australia while undertaking the study
7. Still have at least 0.5 EFTSL of study to complete in your course, on return from overseas study
8. Supply your Tax File Number
9. Complete and sign an OS-HELP debt confirmation form
10. Be selected by your home provider to receive an OS-HELP loan
11. Not have been granted an OS-HELP loan by another provider for an overlapping six month study period

You can find more information from the Department of Education, Employment and Workplace Relations at www.goingtouni.gov.au

SEND COMPLETED FORM TO VICTORIA ABROAD

Victoria Abroad
City Flinders Campus
Victoria University
PO Box 14428
Melbourne VIC 8001
Fax +613 9919 1466
Email educationabroad@vu.edu.au

CONTACT

Enquiries ASKVU www.vu.edu.au/askvu
Phone +613 9919 6100
Web www.vu.edu.au/students

STUDENT SERVICE CENTRES

City Flinders	Footscray Park	St Albans
City King	Melton	Sunshine
Footscray Nicholson	Newport	Werribee

PRIVACY INFORMATION

The personal information we collect on this form is for the purpose of enabling you to enrol in your chosen course of study and for Victoria University to deliver that course and related services to you.

You can access your personal information by contacting us at www.vu.edu.au/askvu or +613 9919 4000.

We collect your personal information in accordance with the Privacy Statement for students (www.vu.edu.au/current-students/student-essentials/commonly-used-forms) and the Privacy Policy (wcf.vu.edu.au/GovernancePolicy/PDF/POU090123000.PDF).

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Please read the information and instructions on the reverse of this form before you complete the details below.

PLEASE NOTE To be eligible for an OS-HELP Loan your proposed study must be accredited and with an overseas higher education institution.

Please write in BLOCK LETTERS using a black or blue pen.

FIRST NAME: _____ STUDENT ID: S _____

FAMILY NAME: _____ DATE OF BIRTH: / /19 _____

OTHER NAMES: _____ STUDY YEAR: 20 _____

PLEASE NOTIFY ME OF THE OUTCOME OF MY APPLICATION BY: PHONE FAX EMAIL

* IF YOU HAVE CHANGED YOUR ADDRESS, PLEASE ALSO SUBMIT A PERSONAL DETAILS AMENDMENT FORM

MAILING ADDRESS STREET NUMBER AND NAME (OR PO BOX): _____

SUBURB: _____ STATE: _____ POSTCODE: _____

COUNTRY (IF NOT AUSTRALIA): _____ DAYTIME/MOBILE PHONE: _____

EMAIL ADDRESS: _____ FAX NUMBER: _____

VU COURSE NAME: _____

COURSE CODE: _____ CAMPUS: _____ COURSE LEVEL (eg. 2ND YEAR): _____

PROPOSED STUDY PROGRAM	APPLICATION PERIOD (tick only one - you must submit a separate application for each period)	OFFICE USE ONLY
<input type="checkbox"/> Victoria Abroad Exchange Program	<input type="checkbox"/> 1 JANUARY - 30 JUNE	<input type="checkbox"/> APPROVED
<input type="checkbox"/> Independent Study Abroad	<input type="checkbox"/> 1 JULY TO 31 DECEMBER	<input type="checkbox"/> NOT APPROVED
<input type="checkbox"/> Study tour	<input type="checkbox"/> OTHER (please specify): _____	

NAME OF OVERSEAS INSTITUTION: _____ COUNTRY: _____

DATE TO BEGIN: / /20 DATE TO END: / /20 LENGTH (WEEKS): _____

AMOUNT OF OS-HELP LOAN: \$1000 \$2000 \$3000 \$4000 \$5000 \$5523

YOUR TAX FILE NUMBER: _____

NAME OF BANK: _____

NAME ACCOUNT IS HELD IN: _____

BANK ADDRESS: _____

BSB NUMBER: _____ ACCOUNT NUMBER: _____

Student declaration (you must sign this declaration)

I wish to apply for an OS-HELP Loan. I declare that I am an Australian citizen or the holder of a permanent humanitarian visa, have not received an OS-HELP Loan on more than one other occasion, I am enrolled in a Commonwealth supported place for an undergraduate course at Victoria University, have completed one year of full time study and have at least one semester or full time study still to complete upon return from my overseas study program. I have read the OS-HELP statement of terms and conditions booklet and have completed, signed and lodged an OS-HELP debt confirmation form to VUI. I have read the instructions, information and Privacy information on the reverse of this form and declare that the information supplied is true and correct.

STUDENT SIGNATURE: _____ DATE: / /20 _____