



NURSE PRACTITIONER APPLICATION FORM FOR THE HEALTH PRACTITIONER INITIATIVE

NOTE: This form is a SmartForm designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software must be set as the default program for .pdf documents. If you do not do this you may experience difficulties using this form. If you do not currently have the Adobe Acrobat Reader software program, it is available as a free download from the [Adobe website](#).

There are three types of assistance under this initiative:

- waivers of indexation on accumulated HELP debt;
- the reduction of accumulated HELP debt by 50 per cent
 - MM¹ 6-7: Quarter the length of degree/program of study
 - MM 3-5: Half the length of degree/program of study
- the reduction of accumulated HELP debt by 100 per cent
 - MM 6-7: Half the length of degree/program of study
 - MM 3-5: Full length of degree/program of study

Please see the [Department of Health and Aged Care's website](#) (www.health.gov.au/our-work/help-for-rural-doctors-and-nurse-practitioners) for further information.

I am applying for (you may select multiple):

The waiver of indexation on accumulated HELP debt

Please complete the eligibility checklist for the waiver of indexation on accumulated HELP debt.
Fill out sections 1,2,3,4 and 5.

OR

An extension on my previously approved waiver of indexation

Fill out sections 1,3,4 and 5.

AND

The 50 per cent reduction of accumulated HELP debt

Please complete the eligibility checklist for the reduction of accumulated HELP debt.
Fill out sections 1,2,3,4 and 5.

OR

An extension on my previously approved 50 per cent reduction of accumulated HELP debt (remaining 50 per cent)

Fill out sections 1,3,4 and 5.

OR

The 100 per cent reduction of accumulated HELP debt

Please complete the eligibility checklist for the reduction of accumulated HELP debt.
Fill out sections 1,2,3,4 and 5.

1 [Modified Monash Model](#) (www.health.gov.au/topics/rural-health-workforce/classifications/mmm)

Eligibility checklist - Waiver of indexation on accumulated HELP debt

Yes	No	Have you incurred a FEE-HELP and/or HECS-HELP debt in relation to your postgraduate courses of study in nursing required for registration as a nurse practitioner?
Yes	No	Have you been employed in a nurse practitioner position ² in an MM 3-7 general practice?
Yes	No	Have you resided in an MM 3-7 location during the period you have been employed in a nurse practitioner position in an MM 3-7 general practice?
Yes	No	Do you have (or previously had) an outstanding HELP debt during employment in your nurse practitioner position in an MM3-7 general practice?

If you answered 'Yes' to these four questions you may be eligible to have the annual indexation amounts applied to your HELP debt waived, proportionate to the period that you are an eligible health practitioner for the relevant year.

Eligibility checklist - Reduction of accumulated HELP debt

Yes	No	Have you incurred a FEE-HELP and/or HECS-HELP debt (excluding pre 2005 HECS debts) in relation to your completed postgraduate course of study in nursing leading to registration as a nurse practitioner?
Yes	No	For a 50 per cent reduction of your accumulated HELP debt, have you completed either: <ul style="list-style-type: none">– A quarter the length of your degree/program of study (MM 6-7 locations)– Half the length of your degree/program of study (MM 3-5 locations)
Yes	No	For a 100 per cent reduction of accumulated HELP debt, have you completed either: <ul style="list-style-type: none">– Half the length of degree/program of study (MM 6-7)– Full length of degree/program of study (MM 3-5)
Yes	No	Did you have an outstanding HELP debt at the start of your eligibility period (1/1/2022 or your commencement date of employment if after)?

If you answered 'Yes' to the first, second or third, and fourth questions you may be eligible to have your HELP debt reduced by the lesser amount between: the amount of HELP debt incurred for your eligible qualification; and the amount of outstanding HELP debt at the commencement of your eligible period.

Application process

- Your completed application form, together with any required supporting documentation, listed in section 4, must be submitted to the Department of Education by email to:
- HealthPractitionerHELP@education.gov.au.
- Please include "Health Practitioner HELP Application" in the subject of your email.
- We will assess your application, which may include contacting your employer(s) to verify your employment, and notify you by writing on the outcome of your application.
- If successful, your information will be forwarded to the ATO for processing.

² Graduate from a Nursing and Midwifery Board of Australia (NMBA)-approved program of study leading to endorsement as a nurse practitioner (Master's Degree level at a minimum) and have received endorsement as a nurse practitioner by the NMBA.

Privacy notice

The Department of Education (the Department) is committed to the protection of personal information and must comply with the Australian Privacy Principles (the APPs) contained in Schedule 1 to the *Privacy Act 1988* (Cth) (the Privacy Act) when handling any personal information. Personal information includes information or an opinion about an identified individual or an individual who is reasonably identifiable.

Purpose of collecting your information

Your personal information, including your Tax File Number (TFN), is being collected by the Department under the *Higher Education Support Act 2003* (Cth) for the purpose of assessing your application for waiver of indexation on an accumulated HELP debt or reduction of an accumulated HELP debt, including verifying your eligibility for the indexation waiver or debt reduction.

The Department may also use your personal information for the purpose of evaluation, research, statistics, and policy formation.

It is not an offence to refuse to provide the Department with the information required on this form (including your TFN), however, if you do not provide it, the Department may not be able to process your application.

Disclosure of your personal information

The Department will share your application information (excluding your TFN) with the Department of Health and Aged Care (DoHAC) for the purposes of DoHAC verifying your eligibility for the indexation waiver or debt reduction. At this time the DoHAC may also contact you to seek additional information to clarify the information provided in your application.

If you are assessed as eligible for the indexation waiver or debt reduction a subset of your information including your TFN will be disclosed to the Australian Taxation Office (ATO) to apply the indexation waiver or debt reduction.

Your personal information may also be disclosed to other parties where you have agreed, or where it is otherwise permitted under the Privacy Act. Your personal information is unlikely to be disclosed to overseas recipients.

Privacy Policy

You can get more information about the way in which the Department will manage your personal information, including information on accessing or correcting your information, and how to make a privacy complaint, in our [full privacy policy](#) (www.education.gov.au/privacy) or by requesting a copy from the Department at Privacy@education.gov.au. To contact the department about your personal information email privacy@education.gov.au.

Section 1: Personal details

First name
Last Name
Date of birth
Suburb:
Contact email

Second Name
Previous name/s
Street address
Postcode
State
Country
Contact phone

Please provide personal rather than professional contact details (phone and email).

Section 2: Qualification and Professional details

If you have previously been approved for the waiver of indexation on accumulated HELP debt, or a 50 per cent reduction of accumulated HELP debt, you may skip this section.

Tax file number (TFN)

AHPRA General Registration Number
Medicare Provider Number (if applicable)

Pharmaceutical Benefits Scheme (PBS) prescriber number (if applicable)

Student Identifier attached to your HELP loan record:

Commonwealth Higher Education Student Support Number (CHESSN)

OR Unique Student Identifier (USI)

Your eligible nurse practitioner qualification:

Name of education institution

Course name

Course duration
Date of commencement
Date of completion

Please provide details of any pre-requisite study required prior to undertaking your initial nurse practitioner qualification:

Name of education institution

Course name

Course duration
Date of commencement
Date of completion

Section 3: Employment details

Evidence of your employment may be emailed to the department and can be provided in the following forms:

For indexation waivers:

- A signed contract outlining:
 - your dates of employment;
 - the number of hours contracted to work per week;
 - your physical work location/s; and
 - your position title.

For HELP reductions:

- A signed letter on official letterhead from your employer outlining
 - your dates of employment;
 - the number of hours worked per week;
 - your physical work location/s;
 - your position title; and
 - any unpaid periods of leave.

Yes No Do you intend on changing employment within the next 2 years?

If yes, please indicate an end date for your waiver of indexation

If you move to another eligible general practice or end up staying at the same general practice, you will be welcome to apply for an extension on your waiver of indexation beyond this date.

Section 4: Required supporting documentation to be provided with this application

When you submit your application form, you **must** attach supporting documents to your email to complete your application.

Please confirm:

I will attach an ATO HELP debt statement showing my name and TFN (which can be accessed on the ATO portal through your MyGov account).

I will attach an academic transcript or evidence of a completed eligible qualification (including date completed).

I will attach a statement of service, employment contract(s) or other documentation providing evidence for my employment that supports the full period applied for in my application.

I will attach evidence of my residence that supports the full period applied for in my application.

Section 5: Declaration

By submitting this form, I declare that:

- I have read and understand the information provided on the Department of Health and Aged Care website and FAQs page regarding the waivers of indexation on accumulated HELP Debt.
- My application including supporting documents is complete and accurate.
- The documents that I have provided as part of this application are a true copy of the original which can be produced for verification if required.
- I have read the privacy notice (on the second and third pages of this form) and consent to the collection, use and disclosure of my personal information as set out in that privacy notice.
- I understand that providing false or misleading information to the Commonwealth is a serious offence.
- I consent to the Department of Health and Aged Care contacting my current or past employers to verify periods of employment.
- I understand that if the Department of Health and Aged Care cannot verify the information I have provided I may be found ineligible for the *reduction of accumulated HELP debt* or the *waiver of indexation on accumulated HELP debt* and any