



myHELP Reduction Medical Practitioner Application Form

Rural, Remote or Very Remote HELP Debt 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](#).

Types of Assistance

There are two types of assistance under this initiative:

- Waivers of indexation on accumulated HELP debt.
- The reduction of accumulated HELP debt by 50 or 100 per cent, depending on the length of time that you live and work in a rural, remote or very remote location.

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.

As part of this application, you will be assessed to determine your eligibility for the types of assistance listed above.

Eligibility Checklist – Waiver of Indexation on 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 course of study in medicine leading to registration as a medical practitioner?
Yes	No	Have you been employed in a medical practitioner position ¹ and work a minimum of 24 hours per week in an MM ² 3-7 general practice?
Yes	No	Have you been registered as a medical practitioner (Health Practitioner) for a cumulative period of 36 months? Note: Only periods after you complete your 36 months will be counted towards your service period dates.
Yes	No	Have you resided in an MM 3-7 location during the period you have been employed in a medical 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 medical practitioner position in an MM 3-7 general practice?

If you answered 'Yes' to these five 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 course of study in medicine leading to registration as a medical 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 January 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

- Please email your completed application and supporting documents in PDF format to the Department of Education at HealthPractitionerHELP@education.gov.au. The list of required supporting documentation can be found in Section 5.
- Include "Health Practitioner HELP Application" in the subject of your email.
- Name your attachments by the type of evidence (e.g. employment contract 2023, statement of service 2024) and ensure each attachment is a separate PDF.
- We will assess your application, which may include contacting your employer(s) to verify your employment.
- After assessment, we will notify you of the outcome via email.
- If successful, your information will be forwarded to the ATO for processing.

Note: We assess your eligible periods either up to the date your application was received or the date your service ended.

- 1 Have successfully completed their internship and has General Registration as a medical practitioner with the Australian Health Practitioner Regulation Agency (AHPRA) and has completed postgraduate Year 3 (PGY3) or higher.
- 2 [Modified Monash Model](https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm) (www.health.gov.au/topics/rural-health-workforce/classifications/mmm).

Privacy Notice

The Department of Education (the department) is committed to the protection of personal information and must comply with the Australian Privacy Principles contained in Schedule 1 of the *Privacy Act 1988* (Cth) (the Privacy Act) when handling any personal information. Personal information is 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) (HESA) 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 program evaluation, research, statistics, and policy development and as described in the department's Privacy Policy.

The department also seeks consent to use certain personal information collected as part of the application process to:

- find other information held by the department about you relating to your study and loan, which has previously been provided to the department; and
- use that other information to:
 - check that the information provided in connection with the application is accurate, up to date and complete
 - assess and confirm your eligibility for indexation waiver or debt reduction.

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

Further information on the protection of TFN information can be found at [The Privacy \(Tax File Number\) Rule 2015 and the protection of tax file number information | Office of the Australian Information Commissioner \(OAIC\)](#).

Disclosure of your personal information

The department will share your application information (excluding your TFN, qualification and HELP debt information) 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, DoHAC may also contact you to clarify the information provided in your application.

The department will share your Australian Health Practitioner Regulation Agency (AHPRA) registration number with AHPRA for the purposes of confirming with AHPRA certain details about your registration, including date of registration.

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 to your HELP debt.

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

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 the department's privacy policy (www.education.gov.au/privacy). If you have any questions/complaints about privacy or confidentiality, please contact the department via email privacy@education.gov.au.

Section 1: Personal Details

Given name

Middle name

Family name

Previous name/s

Date of birth

Street address

Suburb

Postcode

State

Email

Phone

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

Section 2: Identification

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)³

OR Unique Student Identifier (USI)

Section 3: Qualifications

Your eligible medical practitioner qualification:

Name of education institution

Course name

Course duration

Commencement date

Completion date

Essential pre-requisite courses taken prior to undertaking your initial medical practitioner qualification:

Name of education institution

Course name

Course duration

Commencement date

Completion date

³ You can find your CHESSN on your Commonwealth Assistance Notice (CAN) given to you by your higher education provider at the start of each study period. If you can't find your CAN, you can contact the student administration area of your provider.

Section 4: Employment Details

Please provide details of all employment from **1 January 2022** in a rural, remote or very remote general practice (ordered by employment start date).

Name of general practice	Employment start date (DD/MM/YYYY)	Employment end date (DD/MM/YYYY)	Employment type (full-time, part-time, casual)	Contracted hours per week	Number of days of unpaid leave	Suburb	Postcode	Position	Employer contact email	Has employment evidence been provided?

Section 5: Supporting Documentation

When you submit your application form, you must attach the following supporting documents to your email. Please attach:

An ATO HELP debt statement showing your name and TFN. This can be accessed on the ATO portal through your [myGov account](#). Further information on how to access your ATO HELP debt statement can be found at: [View your Loan Account Online | ATO](#).

An academic transcript/statement of results showing evidence of a completed eligible medical qualification and any relevant prerequisites. Note that the completion or conferral date must be clearly displayed.

A statement of service or a letter from your employer on official letterhead, providing evidence of your employment that supports the full period applied for in your application as per Section 4.

The statement must include the following:

- Your full name
- Your position title
- Name of employer
- Physical work location
- A description of the duties, tasks and nature of the work undertaken
(**only required if the physical work location is a hospital setting**)
- Exact start and end dates of employment
- Number of hours contracted to work each week
- Details of any unpaid leave during your employment.

Note: Employment periods completed prior to **1 January 2022** are not accounted for, and work undertaken in a hospital setting would not generally be considered eligible employment in meeting the employment eligibility requirements for the program.

A residential document that verifies you were living at your place of residence from the start date of your employment for each subsequent year.

- Acceptable forms of documentation for proof of residency include a utility bill, a lease agreement or a rental ledger.
- If you are unable to provide documentation to verify your place of residency, you may submit a [Digital Commonwealth statutory declaration | myGov](#) stating that you lived at a specified address for a certain period of time. Please outline it as follows:

For the purposes of my application for the Health Practitioner HELP initiative, I would like to declare that I resided at **ADDRESS** between **START DATE** and **END DATE**. I was unable to provide other documentary evidence such as a utility bill, lease agreement, tenancy agreement, or rental ledger because **STATE REASON HERE**.

Please submit each attachment as a separate PDF file. Avoid scanning multiple attachments into a single PDF document.

Section 6: Declaration

By submitting this form, I declare that:

- I have read and understand the information provided on the [Department of Health and Aged Care's](#) website regarding the eligibility criteria for the program.
- I confirm that I have read and understand the Privacy Notice on this form and agree to the department's handling of my personal information in accordance with that Privacy Notice.
- My application including supporting documents is complete and accurate.
- I understand that providing false or misleading information to the Commonwealth is a serious offence.
- The documents submitted are true copies of the original and can be produced for verification if required.
- I consent to my past and/or current employers being contacted to verify my employment history.
- I understand that if my information cannot be verified, I may be found ineligible for assistance and any amount of indexation that was waived, or amount of debt reduced from my accumulated HELP debt may be reinstated.

Signature

Date