Application Form

**About the Program**

The Pacific Islander Worker Medi-Hotel Accommodation Support Program has been established by the Government of South Australia to reduce the cost burden on Approved Employers under the Australian Government’s Pacific Labour Scheme and the Seasonal Worker Program of the medi-hotel quarantine of workers arriving in South Australia to fill critical workforce needs.

Approved Employers are able to receive a rebate of up to $500 per worker towards the GST exclusive cost of South Australian based medi-hotel accommodation.

A total of $500,000 has been allocated to the Program, enough to subsidise the accommodation costs of 1,000 workers arriving in South Australia for seasonal work.

The Program opens on 1 January 2021 and closes on 30 June 2021 or when funds are fully committed, whichever comes first. Rebates are subject to the availability of funds.

# Pre-approval and Final Applications

This application form is for Approved Employers looking to receive a rebate under this program. Applicants may submit more than one application.

In applying to this program, applicants who wish to secure rebate funding prior to paying for South Australian based medi-hotel quarantine accommodation costs may submit a pre-approval application form.

If pre-approval is granted, funding will be reserved for you based on the number of workers you expect to pay South Australian based medi-hotel accommodation costs for.

Submitting a successful pre-approval application does not guarantee you will receive a rebate payment. In order to receive this payment, you will still be required to submit a final application together with tax invoice(s) from the medi-hotel quarantine accommodation provider and evidence of payment.

Your rebate payment will be based upon the information provided in your final application.

To simplify paperwork requirements for applicants, this application form can be used in submitting both your pre-approval application and your final application. If you wish to submit a **pre-approval application**, please tick the relevant box provided on **Page 2**.

To submit a **final application** using your pre-approval application, when it comes time to submit your final application, simply tick the relevant box on **Page 2**, and fill in the remaining sections and sign the required declaration at the end of the form.

Applications will be assessed against the eligibility criteria outlined in the program Guidelines. PIRSA reserves the right to request further information from third parties in connection with information provided in an application to assist with the assessment or verification of that information.

Applications may be subject to audit to determine eligibility with these Guidelines.

This application form should be read together with the program Guidelines.

# Submitting your Application

For submitting a pre-approval application, applicants must submit this application form with the required sections completed to PIRSA by no later than 5:00pm (ACST) on **16 June 2021**.

For submitting a final application, applicants must submit this application form with the required sections completed to PIRSA together with evidence of a paid official tax invoice from the medi-hotel quarantine accommodation provider by no later than 5:00pm (ACST) on **30 June 2021**.

Completed applications (with supporting documentation) may be submitted by:

**Emailing to:** [regionalwork@sa.gov.au](mailto:regionalwork@sa.gov.au)

**Posting to:** Pacific Islander Worker Medi-Hotel Accommodation Support Program

PIRSA – Agriculture, Food and Wine

GPO Box 1671

ADELAIDE SA 5001

Applications submitted by post should be post marked no later than 5:00 pm (ACST) **16 June 2021** for pre-approval applications, and no later than 5:00 pm (ACST) **30 June 2021** for final applications.

# APPLICATION TYPE

Please indicate whether this is a pre-approval application or a final application by ticking the relevant box below.

**Pre-approval Application**  **Final Application**

# APPLICANT DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Legal Entity** |  | | | |
| **ABN** |  | | | |
| **Address** |  | | | |
| Suburb/Town |  | Postcode |  |
| **Postal Address**  ***(if different to site address)*** |  | | | |
| Suburb/Town |  | Postcode |  |

## Contact Person

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Surname** |  |

|  |  |
| --- | --- |
| **Position in Business** |  |
| **Preferred Contact Number** |  |
| **Email Address** |  |

# ELIGIBILITY CHECKLIST

The applicant must answer **‘yes’** to the following questions. **NOTE**: Shaded questions are only required to be answered when submitting a final application.

|  |  |  |
| --- | --- | --- |
| The applicant is an Approved Employer under the Australian Government’s Pacific Labour Scheme or Seasonal Worker Program. | Yes | No |
| The applicant holds an Australian Business Number (ABN) and is registered for GST. | Yes | No |
| The applicant has paid for the medi-hotel quarantine of workers who have arrived in South Australia under either a Pacific Labour Scheme or Seasonal Worker Program visa for work in South Australia. | Yes | No |
| The applicant has provided copies of tax invoices or receipts evidencing expenditure on medi-hotel quarantine accommodation in South Australia has incurred. | Yes | No |
| The applicant has met the terms and conditions of any previous South Australian Government funding. | Yes | No |
| The applicant has not received and will not receive funding from another government program in respect of the same activities to which the rebate of this program covers (i.e. reimbursement of South Australian based medi-hotel accommodation costs). | Yes | No |

# MEDI-HOTEL QUARANTINE ACCOMMODATION DETAILS

Please provide the number of seasonal workers you are expecting to pay medi-hotel quarantine accommodation costs for. **NOTE**: Only answer this question if submitting a pre-approval application.

|  |
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|  |

Please provide the number of seasonal workers you have paid medi-hotel quarantine accommodation costs for. **NOTE**: Only answer this question when submitting your final application.

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|  |

Please provide the name and location of the medi-hotel accommodation provider. **NOTE**: Only answer this question when submitting your final application.

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|  |

# PAYMENT DETAILS

Subject to approval of your application and submission of a tax invoice for the amount of the approved rebate, the rebate payment inclusive of any applicable GST will be credited directly to your bank account via Electronic Funds Transfer (EFT). Please provide your nominated bank account details:

|  |  |  |
| --- | --- | --- |
| **Account Name:** | **BSB:** | **Account No:** |

# APPLICATION CHECKLIST

Please provide the following documents to support your **final application**:

A tax invoice from the medi-hotel quarantine accommodation provider.

Evidence of payment of the tax invoice from the medi-hotel quarantine accommodation provider.

# DECLARATION

I/We are authorised to submit this application form.

I/We have read and understood the Pacific Islander Worker Medi-Hotel Accommodation Support Program guidelines and have obtained clarification and advice where needed.

I/We warrant that the information provided in this Application and supporting documentation is true and correct in every particular.

I/We acknowledge that this application, including attachments and supporting documents, once submitted to the Department of Primary Industries and Regions will become subject to the operation of the *Freedom of Information Act 1982* (SA), and could, subject to the provisions of that Act, be released pursuant to a request made under that Act.

I/We authorise the Minister for Primary Industries and Regional Development, acting through the Department of Primary Industries and Regions to disclose any information contained in this application, and any attachments and supporting documents, to any other agency of the South Australian Government or to any agency of any other State or Commonwealth for the purpose of or in connection with the administration of the Pacific Islander Worker Medi-Hotel Accommodation Support Program.

## Pre-approval Application

|  |  |
| --- | --- |
| **Full Name of Authorised Representative of Applicant** |  |
| **Position in Enterprise** |  |
| **Signature** |  |
| **Date** |  |

## Final Application

|  |  |
| --- | --- |
| **Full Name of Authorised Representative of Applicant** |  |
| **Position in Enterprise** |  |
| **Signature** |  |
| **Date** |  |