

DEPARTMENT OF EDUCATION
STUDENT HOSTEL SUPPORT SCHEME (SHSS)



FINANCIAL CERTIFICATE: Year: 20____
FORM 5

This form should be completed by student hostels and returned to Department of Education. Please refer to the Important Dates calendar within the Hostel Assistance Kit for submission deadlines.

Please complete the front and reverse of this form.

I, _____
(Name of auditor)

of _____
(address and telephone number of auditor)

being a:

a) registered company auditor or a public accountant under a law in force in a State or Territory, or

b) member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants, or Institute of Public Accountants, or

c) a person approved by the Office of Fair Trading for auditing of Incorporated Association accounts.

If you have ticked box a) or b) please state qualifications and/or which organisation you belong to:

I hereby certify that I have examined the financial records of:

NAME OF STUDENT HOSTEL:

ADDRESS AND TELEPHONE NUMBER OF STUDENT HOSTEL:

MANAGEMENT AUTHORITY:

DEPARTMENT OF EDUCATION
STUDENT HOSTEL SUPPORT SCHEME (SHSS)

Having done so I am satisfied that the following amounts paid to the hostel during the 20____ calendar year:

Student Hostel Recurrent Grant \$ _____

including any carryover from 20____ \$ _____ (accountant to complete)

have been applied in accordance with the policy governing these recurrent grants as detailed in the Queensland Government's Hostel Assistance Kit.

The following amounts have been carried over for expenditure in 20____:

Student Hostel Recurrent Grant \$ _____ (accountant to complete)

Signature of Auditor

Date

DECLARATION

This document must be signed by a person who is authorised to sign on behalf of the Management Authority. The person signing should indicate the position held.

I certify that the information provided in this certificate and in any attachments to this certificate is accurate.

Approved Authority Signature

Date

Position held