







## **Application for Financial Assistance - Individual Applicant**

## Completion of ALL QUESTIONS on this form is essential

For information on Variety's guidelines, please read or download the document from our webpage www.variety.org.au/qld or call 07 3907 9300 and request a hard copy.

1. Name of Child:				
2. Is this child an Australian resident or citizen?				
(all applicants MUST BE Australian citizens or residents)				
3. Address:				
Suburb: State: Post Code:				
4. Disability:				
5. Date of Birth:				
6. Parent(s) Names:				
7. Guardian(s) Name(s): (if different from above)				
8. Phone: Mobile:				
Email:				
9. No. of dependents: Ages:				
10. Family income (net monthly): \$				
(You MUST attach supporting documentation for verification ie payslips)				
11. Financial assistance (net monthly): \$				
(You MUST attach supporting documentation for verification e Centrelink Income Statement etc)				
12. Monthly expenses (approx.): \$				
(List main expenses with estimated costs eg Food, Fuel, Medical)				
13. Please tick - do you: Own home Rent Mortgage				
14. Type of equipment /assistance required?				
15. Approximate time this equipment is expected to last (eg 3 years):				
16. How many children will benefit from the supply of this equipment/service				

17. Amount required: \$ (Please ensure freight costs and GST are included)				
(Please ensure freight costs and GST are included)				
18. Are you personally able to make <u>any</u> financial contribution to this appeal?				
If yes, please provide details (Perhaps family or friend can assist)				
19. Attach three (3) current quotations. IS THERE ONLY ONE MANUFACTURER?  Yes / No				
20. For equipment that Medical Aids Subsidy Scheme (MASS) fund, applications must also be sent to MASS for the same equipment as requested on this application form. Please attach a copy of the MASS approval letter stating				
21. Have you approached any other sources for financial assistance?				
22. Please include supporting letters from at least two (2) referees:  Occupational therapist / physiotherapist / speech therapist  Principal  Other				
23. THIS SECTION MUST BE FILLED OUT AND SIGNED BY ONE OF THE REFEREES LISTED ABOVE  Equipment Name: Supplier: Price:  I confirm the proposed equipment is the most cost e fective solution. Yes / No  Your Name: Date:				
<ul> <li>24. Have you previously received assistance from Variety? If yes, please provide details (eg: date, nature of appeal, amount)</li> <li>25. If your appeal is approved, would you be interested in:  <ul> <li>Assisting Variety through providing images, feedback and supplying quotes for media release.</li> </ul> </li> <li>26. As a possible appeal recipient you are a valued ambassador of Variety's work in helping children throughout</li> </ul>				
Queensland.  As you might imagine, it is a big job to raise the funds needed to meet all the requests we receive for equipme and support each year. We need your help to spread the word about Variety the children's charity. Sending in photo of your child using the equipment provided by Variety will help us to assist as many children we are sick, disadvantaged or have special needs as possible.  We may wish to use the image in our annual magazine, event flyers, ariety brochures, digital, electronic or promedia. I, on behalf of the applicant acknowledge that this agreement permits Variety to use the Materials in all forms of media including, but not limited to those stated above.	n a /ho orint			

I consent to Variety collecting the information provided on this form. I understand that if I do not provide the information requested, I may be ineligible to receive assistance from Variety.  I am the child's:   Parent   Guardian		
Print name:	Date:	
Submission of the application to Variety does not expres	ssly mean or imply that Variety has accepted your	
• • •	wise to process your application to a successful conclusion. ithin Variety's funding guidelines. Variety is not liable for any g declined.	
be supplied to you in pursuant to this application. It is so being sought is fit for its purposes. ariety may arrange	ige on making this application that Variety has not made g as to the fitness of any equipment or product(s) sought to olely for you to determine whether the equipment or product for the supply and delivery of equipment or a product, but it or product. Accordingly, Variety will not be responsible for	
us, or as required or authorised by law, but we will not us purposes, without your prior consent. If you have any pri about you please contact our Privacy Officer at	ur eligibility. It may be provided to organisations that assist se any of your sensitive information for marketing ivacy concerns or would like to verify information held	
•	ildren's Charity of Queensland	
Unit 1, 5 Ashtan Place		
Banyo QLD 4014 Tel: 07 3907 9300		
If you require help to complete this application, please ca	all Variety Queensland on 07 3907 9300.	
Check List		
Please tick the boxes if attached:	Completed application form	
Income documentation attached (see question 10 & 11)	Three (3) current quotations (see question 19)	
MASS documentation (see question 20)	Two (2) supporting letters (see question 22)	
Please post completed form with releva	ant information as per the above check list to:	
Variety - the Children's Charity of Queens	sland, Unit 1, 5 Ashtan Place, Banyo QLD 4014	
or email to info	o@varietyqld.org.au	
VC	riety	