



## Application for Financial Assistance - Individual Applicant

Completion of ALL QUESTIONS on this form is essential

1. Name of Child:

2. Address:

Suburb:  Post Code:

3. Date of Birth:

4. Disability:

Please tick appropriate

5. Parent/s  or Guardian/s  Name/s:

6. Phone:  Mobile:

Email:

7. No. of dependents:  Ages:

8. Family income (net monthly): \$

(You **MUST** attach supporting documentation for verification ie: payslips)

9. Financial assistance (net monthly): \$

(You **MUST** attach supporting documentation for verification eg Centrelink Income Statement etc)

10. Monthly expenses (approx.): \$

(List main expenses with estimated costs eg Food, Fuel, Medical)

11. Please tick - do you:  Own home  Rent  Mortgage

12. Type of equipment /assistance required?

13. Approximate time this equipment is expected to last (eg 3 years):

14. Amount required: \$

15. Are you able to make any financial contribution to this appeal? Yes / No

If yes, please provide details (Perhaps family or friend can assist)

16. Attach three (3) current quotations. IF THERE ONLY ONE MANUFACTURER PLEASE ADVISE.

**(Please ensure freight costs and GST are included)**

17. For equipment that Disability SA funds, applications must also be sent to their office for the same equipment as requested on this application form.

Has an application been sent to Disability SA? Yes / No

18. Have you approached any other sources for financial assistance? Yes / No

(If yes, please provide / attach details)

19. Please include supporting letters from at least two (2) referees:

Occupational therapist / physiotherapist / speech therapist  Medical practitioner

Principal / Teacher  Social Worker  Other \_\_\_\_\_

20. Please provide name and contact details of professional contacts (Occupational Therapist, Physiotherapist, etc.):

I confirm the proposed equipment is the most cost effective solution.

Name:  Signed:  Date:

21. Have you previously received assistance from Variety? If yes, please provide details (eg: date, nature of appeal, amount)

22. If your appeal is approved, would you be interested in:

Assisting Variety as a Volunteer where possible?

We need your help to spread the word about Variety the Children's Charity. **By sending in a photo of your child using the equipment provided by Variety, allowing us to use it for promotional purposes, it will help us to assist as many children who are sick, disadvantaged or have special needs as possible.**

I, on behalf of the applicant acknowledge that this agreement permits Variety to use the photo and information provided in all forms of media including email, our annual magazine, event flyers, Variety brochures, digital, electronic or print media.

I Agree  I Do Not Agree

Submission of the application to Variety does not expressly mean or imply that Variety has accepted your application. Variety is under no obligation legal or otherwise to process your application to a successful conclusion. Each application will be determined on its merits, and within Variety's funding guidelines. Variety is not liable for any loss or damages whatsoever upon your application being declined.

By forwarding this application to Variety, you acknowledge that any and all implied terms and conditions or warranties implied by law are excluded. You acknowledge on making this application that Variety has not made any representation, or given any promise or undertaking as to the fitness of any equipment or product(s) sought to be supplied to you in pursuant to this application. It is solely for you to determine whether the equipment or product being sought is fit for its purposes. Variety may arrange for the supply and delivery of equipment or a product, but it is neither the vendor nor the supplier of any equipment or product. Accordingly, Variety will not be responsible for any direct or consequential loss or damage arising or related in any way to this application or its subject matter.

### Privacy collection statement

Your privacy is respected by Variety. The personal information you provide on this form (including sensitive information about health matters) will be used to assess your eligibility. It may be provided to organisations that assist us, or as required or authorised by law, but we will not use any of your sensitive information for marketing purposes, without your prior consent. If you have any privacy concerns or would like to verify information held about you please contact our Office at: **Variety the Children's Charity**

**68 Richmond Road, KESWICK SA 5035**

**(PO Box 1235, MARLESTON SA 5033)**

**Phone: 08 8293 8744**

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.

Signature:

Print Name:  Date:

### Check List

Please  the boxes if attached:

- Completed application form  Income documentation attached (see question 8 & 9)
- Three (3) current quotations (see question 16)  Two (2) supporting letters (see question 19)

### Please post completed form with relevant information as per the above check list to:

Variety the Children's Charity (South Australia), PO Box 1235, MARLESTON SA 5033

**Please note Variety is unable to accept this application via fax or email.**

Additional information may be attached to support your application if you wish.

Once your application has been received, Variety SA will send you a confirmation letter with an appeal number for your reference. If you do not receive this letter within 10 days, please contact our office to check that your application has been received.

