



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:
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 \$600)
11. 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 so, please provide details. Maybe family/friends can assist.
16. Attach three (3) current quotations. IF THERE IS ONLY ONE MANUFACTURER, PLEASE ADVISE.
(Please ensure freight costs 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 Principal/Teacher Medical practitioner Social worker

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?

23. If your appeal is approved, Variety may wish to publicise its work, in conjunction with your appeal, to both the electronic and print media.

I/we give my/our consent for Variety to generate publicity should my/our appeal be successful.

Please tick appropriate box: Yes No (to be authorised by parent or guardian only)

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 Privacy Officer at Variety, the Children's Charity, PO Box 1235, MARLESTON SA 5033.

Phone: 8293 8744

I consent to Variety using 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:

If you require help to complete this application, please call the Variety Office in SA on 8293 8744.

Check List

Please the boxes if attached:

Completed application form Income documentation attached (Q. 8 & 9)

Three (3) current quotations (Q. 16) Two (2) supporting letters (Q. 19)

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

Variety, the Children's Charity, PO Box 1235, MARLESTON SA 5033

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

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.