



GRANT APPLICATION FORM

CHILDS DETAILS

First Name _____ Surname _____

Male ___ Female ___ Date of Birth _____

PARENTS DETAILS

Mothers Name _____ DOB _____

Employers Name (if applicable) _____

Length of Employment _____

Fathers Name _____ DOB _____

Employers Name (if applicable) _____

Length of Employment _____

Address _____ State _____ Post Code _____

Best Contact No _____

Email _____

SIBLINGS DETAILS (if applicable)

Full Name _____ Relationship to child _____

Date of Birth _____ M/F _____

Full Name _____ Relationship to child _____

Date of Birth _____ M/F _____

Full Name _____ Relationship to child _____

Date of Birth _____ M/F _____

DETAILS FOR THE APPLICATION

Childs Condition: _____

When was the condition diagnosed? _____

What is the length of treatment/s (if required)? _____



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Purpose of the grant

Amount Required _____

Date Required _____

Are there particular circumstances of economic hardship in the family?

Have you previously or are you currently receiving financial assistance from any other organisations or entities for this condition? Yes or No _____

If Yes, please provide information:

How will this grant benefit your family?

Any further information for the Grants Committee



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Declaration

All information given in conjunction with this application is true to the best of my knowledge

Signature of parent/guardian or applicant _____

Date _____

Name of parent/guardian or applicant (Please Print)

To be valid under the terms of the grant, this application must be accompanied by:

- Evidence that the family reside in the Goldfields (Rates Notice, Rental agreement/letter)
- Evidence of the child's age and Australian Citizenship (Birth Certificate)
- A Family Character reference letter completed by a non-related person\
- Letter from Medical Practitioner/Specialist if requesting assistance with treatment/equipment recommended by them to confirm. Invoice/Quote to be provided, if possible.

PHOTOCOPIES ONLY OF LEGAL DOCUMENTS SHOULD BE ENCLOSED WITH THE APPLICATION

PLEASE NOTE ALL INFORMATION PROVIDED IS CONFIDENTIAL AND DISCLOSED ONLY TO GOLDFIELDS CHILDREN CHARITY COMMITTEE MEMBERS

Permission Request

If your application is successful, we may request you to provide us with details of your Child's and families story to be used for marketing/promotion of Goldfields Children Charity Inc at the Goldfields Children Charity Ball, on the Goldfields Children Charity website and Facebook page.

- We give permission to use of our Childs and Families story for the promotion of the activities of the Charity and its causes and objectives.
- We are happy to provide an image/photograph to be used along with our story, if requested.

You will be contacted about the outcome of your application. Our committee meets periodically throughout the year however we will endeavour to accomodate your required date as stated in your application.

Please forward your completed application, and supporting information to our Grants Officer, email: Grantapplication@goldfieldschildrencharity.com.au or mail to Goldfields Children Charity Inc, PO Box 489, Kalgoorlie WA 6433.

THANKYOU FOR YOUR APPLICATION