

|  |
| --- |
| APPLICATION FOR ASSISTANCE |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How to apply for assistance:** | | |  | | | | | |
| 1. Complete and sign this form  2. Attach a support letter from a teacher, therapist, medical practitioner, social worker or any professional person who is aware of the needs of the individual/family  3. If the request is for specialist equipment, product or service, please provide a quotation from a supplier. | | | **Who requires assistance? (individual or family)** | | | | | |
| Name: | |  | | | |
| Address: | |  | | | |
| Phone: | |  | | | |
| **Where to send your application:**  Hand-deliver your application and support documents  to any police officer, or post to:   * The Secretariat   Tasmania Police Charity Trust  GPO Box 308  HOBART TAS 7000 | | | **Parent / Guardian (if assistance relates to a child)** | | | | | |
| Name: | |  | | | |
| Address: | |  | | | |
| Phone: | |  | | | |
| **Describe the type of assistance requested** What would promote the health and wellbeing of the individual? (therapy / special equipment / product / service) | | | | | | | | |
|  | | | | | | | | |
| **Describe the individual / family circumstances**  Why is assistance requested (e.g. due to a medical condition) | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Approximate monthly family income** | |  | | | | | | |
| $ | |  | | **Have you received any benefit or funding from, or has any**  **application been made to, the State or Federal Government or**  **other charitable institutions? (e.g. Apex, Rotary, Lions, Variety)** | | | | |
| **Approximate monthly family expenditure** | |
| $ | |  | | No  Yes (If Yes – please specify): | |  | | |
| ***Protection of Privacy*:**  All details provided in this application are treated as potentially sensitive in nature. The application is forwarded to the Secretariat of the Tasmania Police Charity Trust, with copies provided to members of the Tasmania Police Charity Trust Board. The contents of this application will be used only to assess eligibility against the Trust’s funding criteria, as detailed within the Trust’s Constitution.  ***Process:***  The Tasmania Police Charity Trust will acknowledge receipt of your application and advise when it will be assessed by the Board. The Board will only make an assessment if this application has been completed and signed, and the relevant support documents (as detailed above)  are attached. Assessment is made against the Tasmania Police Charity Trust’s funding criteria, which includes, but is not limited to, the fact that any funds and projects approved by the Board are to only assist disadvantaged members of the Tasmanian community. You will receive written advice conveying the Board’s assessment.  ***Promotion:***  The Tasmania Police Charity Trust promotes its work through the Tasmania Police website and the media. The Trust would appreciate your consent for a brief description of the assistance granted and photographic images of the recipient (and family where appropriate)  to be published. **Do you consent to this process?** | | | | | | | | |
| Yes  No |  | | | | | | | |
|  | | | | | | | | |
| ***Confirmation of details:***  Please sign to confirm that the details provided in this Application are true and accurate. | | | | | | | | |
| **Name:** | |  | | **Signature:** | | |  | **Date:** |
|  | |  | |  | | |  |  |