



PART 2 MEDICAL SPECIALIST SECTION **APPLICATION FORM 2010**

PART TWO is to be filled in by a Medical Professional, Geneticist or Paediatrician

STEVE WAUGH FOUNDATION AUSTRALIA

Address GPO Box 3331 Sydney NSW 2001

Phone 1300 66 99 35

Email info@stevewaughfoundation.com.au

INSTRUCTIONS

FOR FILLING IN PART 2 OF THE APPLICATION FORM

(PLEASE READ BEFORE BEGINNING APPLICATION)



PART 2, SECTION A.

HEALTH AND MEDICAL INFORMATION

This section must be completed by a Medical Specialist that has been involved with the child/young person diagnosis and/or treatment.

As information regarding rare diseases in Australia can be limited, the Foundation requires specific information that can only be supplied by a Medical Specialist who has worked with the applicant.

Please make sure you clearly identify that this section of the form has been filled in by your Medical Specialist, Paediatrician or Geneticist.

This section gives us specific health and medical details of the applicant

Question i.

Enter the name of the Medical Specialist, his or her Title, their Medical Speciality, organisation of employment, and contact details (work phone number and email address)

Question ii.

Please confirm the name of the applicant.

Question iii.

Please confirm the name of the child/young person's rare disease or diagnosis, a description of their condition, as well as a prognosis of the child/young person condition.

Refer to the Steve Waugh Foundation website Grants page to access list of rare diseases from Orphanet. http://www.stevewaughfoundation.com.au/Content_Common/pg-Grants2010.seo

Question a.

Describe the child's/young person's health status, symptoms and effects the condition has had on the quality of life for the child/young person and the family.

Question b.

What is the prognosis of the applicant in the future?

Question iv.

How long have you known the child/young person and how long have you been treating the child/young person?

Question v.

How are you currently treating the child/young person?

Question vi.

Describe the benefits of the requested funding for this child/young person.

Question vii.

Please tick yes or no to confirm that you are happy for us to contact you should we require any further information about the applicant.

PART 2, SECTION B.

CERTIFICATION

Australian law requires you to fill in and sign this application as a true and accurate record of the child/young person needs. Your signature in this section indicates that your declarations and answers are truthful and the documents you submit are true and correct.

PART 2, SECTION C.

PRIVACY CLAUSE

Please make sure your Medical Specialist, Geneticist or Paediatrician signs the Privacy Clause at the bottom of this section.

PLEASE MAKE SURE THIS FORM IS ATTACHED TO PART 1 OF THE APPLICATION FORM AND IS RETURNED TO THE FOUNDATION AS ONE PACKAGE.

THANK YOU FOR COMPLETING
ALL REQUIREMENTS OF THIS
APPLICATION FORM.

PART 2 MEDICAL SPECIALIST SECTION APPLICATION FORM 2010



PART 2, SECTION A. HEALTH AND MEDICAL INFORMATION
THIS SECTION MUST BE COMPLETED AND SIGNED BY A MEDICAL SPECIALIST.

Please tick appropriate box: <input type="checkbox"/> Paediatrician or <input type="checkbox"/> Geneticist	
i. Name of Medical Specialist	Title of Medical Specialist
Medical Specialty	Organisation of Employment
Contact Details: Daytime Phone Number:	Email:
ii. Please confirm the name of the applicant	
iii. Name of child/young person rare disease. Refer to: http://www.orpha.net/orphacom/cahiers/docs/GB/Prevalence_of_rare_diseases_by_alphabetical_list.pdf	
a. Describe the child's/young person's health status, symptoms and effects the condition has had on the quality of life for the child/young person and the family.	
b. What is the prognosis of the applicant in the future?	

If insufficient space, provide further details to answers on a separate page and enclose with the completed form.

iv. How long have you known the child/young person and how long have you been treating the child/young person?
v. How are you currently treating the child/young person?
vi. Describe the benefits of the requested funding for this child/young person.
vii. As the treating specialist are you happy for us to contact you should we require any further information about the applicant (please tick) <input type="checkbox"/> Yes. <input type="checkbox"/> No

If insufficient space, provide further details to answers on a separate page and enclose with the completed form.

PART 2, SECTION B. CERTIFICATION

Your signature authorises the Steve Waugh Foundation to proceed with your application

Signed	Name	Date
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- I declare under penalty of the laws of Australia that the answers I have given in this application and the documents given are correct and true to the best of my knowledge and belief. I declare that I have read and understood the application instructions, declarations and all information printed on this application.

- I acknowledge that the information used for processing this application will be shared with the Foundation Medical Health Advisory Committee.

PART 2, SECTION C. PRIVACY CLAUSE

The Steve Waugh Foundation agrees to maintain all of the information provided in this application form and any supplementary materials private and confidential and not to disclose this information to any third party outside of the Steve Waugh Foundation without receipt of permission in writing from the applicant and other individuals named in this application if applicable, in accordance with the Privacy Act.

The Steve Waugh Foundation may sometimes publish reports on its work. These reports will include de-identified information only – names and other personal details will only be used with the permission of the applicant, their parents or guardian.

OFFICE USE ONLY.

Date Received:	Date Reviewed:
Approved <input type="checkbox"/> Date:	Declined <input type="checkbox"/> Date:

CHECKLIST

FOR THE 2010 APPLICATION FORM



ENSURE THAT YOU HAVE COMPLETED AND ATTACHED THE FOLLOWING:

- I have checked the application form and completed all sections
- I have attached to the application form a reference from a Medical Specialist working with the applicant
- I have attached all relevant Australian Citizenship, Medicare card, Private Health Cover information and all financial information required
- I have attached all relevant tax returns and a copy of latest pay slips
- I have attached all valid quotes associated to the funding request in the application
- I have signed and submitted the application form
- I have submitted this application within the Foundation application round timeframe.

EMAIL TO: INFO@STEVewaughFOUNDATION.COM.AU

POST TO: STEVE WAUGH FOUNDATION GPO BOX 3331 SYDNEY NSW 2001

If you need any assistance with the completion of this form please call 1300 66 99 35

THANK YOU : CF YOUR APPLICATION

STEVE WAUGH FOUNDATION AUSTRALIA.
'SOMEWHERE TO TURN'.