



---

# PART 1 APPLICANT INFORMATION **APPLICATION FORM 2011**

---

**PART ONE** is to be filled in by a parent, guardian, family representative or parent representative.

**STEVE WAUGH FOUNDATION AUSTRALIA**

Address GPO Box 3331 Sydney NSW 2001

Phone 1300 66 99 35

Email [info@stevewaughfoundation.com.au](mailto:info@stevewaughfoundation.com.au)

# INSTRUCTIONS FOR FILLING IN YOUR APPLICATION FORM

(PLEASE READ BEFORE BEGINNING APPLICATION)



## Please tick off the following checklist

- Download the application form
- Read the instructions carefully
- Complete ALL sections of the application form – partial or incomplete application forms will not be processed
- Part 2, Section A must have been completed and signed by a Medical Specialist
- Make sure you include all requested and evidence based support documentation required (see instructions)
- If you are applying for funding for multiple family members you must fill in an application form for each child/young person
- If you need help, ask your Health Professional or Medical Specialist

**Please note applications will not be accepted after the advertised cut off date and in between the application rounds. Please check [www.stevewaughfoundation.com.au](http://www.stevewaughfoundation.com.au) for application timeframes and closing dates.**

## PART 1 SECTION A.

### **APPLICANT INFORMATION**

#### **COMPULSORY. THIS IS THE INFORMATION ABOUT THE CHILD/YOUNG PERSON REQUIRING ASSISTANCE**

Tell us about the child/young person, his or her family and the condition they have.

#### **Questions i, ii and iii**

Enter the surname, first name and middle name of the applicant as well as their home address and mailing address if different from the home address.

#### **Question iv**

Enter the daytime phone number, mobile number and best email address of the applicants parent or guardian. Please enter the number of parents/guardians living in the child's/young person's household.

#### **Questions v – vii**

Enter the child's/young person's Date of Birth, place of birth (State and Country) and Gender (Male or Female). Specify if the applicant is an Australian Citizen or Australian Permanent Resident.

#### **Question viii**

List the name/s of the child/young person siblings and their date of birth.

#### **Questions ix**

Please provide information on any previously received support from other charitable organisations for this child/young person's condition and previous applications for funding from the Steve Waugh Foundation.

## PART 1, SECTION B. HEALTH PROVIDER INFORMATION

---

This section provides the Foundation with the necessary health provider information that enables us to assess each application.

## PART 1, SECTION C. YOUR DETAILS

---

### PERSON COMPLETING THE APPLICATION FORM

This section gives us information about the person filling in the application form. Enter name, address, daytime phone number and mobile as well as the best email address to contact you on. Please state clearly your relationship to the funding applicant. If the application is being submitted by a health professional please include organisation, position and contact details of that person and organisation.

## PART 1, SECTION D. FUNDING REQUIREMENTS

---

Please detail what amount of funding is required and what it is to be used for. Please attach quotes.

### Questions i

---

Describe the purpose of the funding being requested, how it will be used and how it will benefit the child/young person and family.

**Important: Please attach valid quotes and invoices that meet the criteria.**

### Questions ii

---

Please provide total amount of funding being requested.

### Questions iii

---

Please attach a full breakdown of costs with all items being costed according to valid quotes or invoices.

**Important: Please make sure that all costs have been addressed. Quotes must be valid at the time of the application and for a minimum of 3 - 6 months after the submission of this application.**

## PART 1, SECTION E. HOUSEHOLD INCOME

---

Please list all income / money received by person or family listed in section one. Please note if the person is a minor (below the age of 16) you must list your family's income / money received.

**Important: Please attach latest Australian Taxation Office Tax Return as well as a most recent copy of a payslip.**

### Questions i - iv

---

- i: Name of person receiving income (if both parents are working please list their names on separate lines)
- ii: List the source of the income received (eg Employment, Government benefit)
- iii: List the Nett amount of income (after tax)
- iv: List the regularity of income (eg monthly, bimonthly, weekly, biweekly, daily)

## PART 1, SECTION F. REGULAR EXPENSES

---

Please give a detailed list of household/family expenses eg rental payment, mortgage, school fees.

### Questions i - iii

---

- i: List mortgage/ rental/ lease payment on cars etc
- ii: List weekly household/family expenditure
- iii: List other major expenses eg school fees, medical bills etc

## PART 1, SECTION F. 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.

**Important: Please ensure that this section is correctly signed.**

THANK YOU FOR COMPLETING  
ALL REQUIREMENTS OF THIS  
APPLICATION FORM.

# PART 1 APPLICANT INFORMATION APPLICATION FORM 2011



THE FOLLOWING APPLICATION FORM HELPS US DETERMINE YOUR ELIGIBILITY FOR ASSISTANCE FROM THE STEVE WAUGH FOUNDATION AUSTRALIA

## PART 1, SECTION A. **APPLICANT INFORMATION**

**COMPULSORY. THIS IS THE INFORMATION ABOUT THE CHILD OR YOUNG PERSON REQUIRING ASSISTANCE.**

i. Surname (Last name):		Name: (First name):		Middle name:	
Any other name the applicant is known by					
ii. Address:					
			Postcode:	State:	Country:
iii. Mailing address (if different from above):					
			Postcode:	State:	Country:
iv. Daytime Phone Number:		After Hours Phone Number:		Mobile:	
Email:				<input type="checkbox"/> Single or <input type="checkbox"/> 2 parent/guardian home	
v. Date of birth.	Month	Year	Place of birth (State and Country)		
Day					
vi. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		vii. Is the applicant an Australian resident or Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
viii. Name of child/young person's siblings (if any)			Date of birth: Day	Month	Year
ix. Is the applicant receiving any other charitable support for their condition? And has the applicant previously applied for funding from the Foundation? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please complete the following					
Organisation:		Date of Application:		Amount granted:	Purpose:
Organisation:		Date of Application:		Amount granted:	Purpose:
Organisation:		Date of Application:		Amount granted:	Purpose:

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

**PART 1, SECTION B. HEALTH PROVIDER INFORMATION**

i. Medicare number		
ii. Does the applicant have private health insurance? <input type="checkbox"/> Yes. If yes, please answer the following questions. <input type="checkbox"/> No		
a. Private health provider	b. Number	c. Level of cover
iii. Is the applicant or family enrolled in any family benefits program eg; receives funding from Centrelink <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes please state details below:		

**PART 1, SECTION C. YOUR DETAILS**

This section is to be completed by the person submitting this form, eg. Child/young person's parent, guardian or legal representative.

i. Surname (Last name):		Name: (First name):		Middle name:
ii. Date of birth	Month	Year	Gender (Male or Female) <input type="checkbox"/> Male <input type="checkbox"/> Female	
iii. Relationship to person in section 1				
iv. Address (if not the same as person in section 1)				
		Postcode:	State:	Country:
v. Mailing address (if not the same as person in section 1)				
		Postcode:	State:	Country:
vi. Daytime Phone Number:		Mobile:	Email:	

**PART 1, SECTION D FUNDING REQUIREMENTS**

i. Describe the purpose of the funding being requested, how it will be used and how it will benefit the child/young person and family. <input type="checkbox"/> Please attach valid quotes and invoices that meet the criteria
ii. Please provide total amount of funding being requested. <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes please state total amount:
iii Please attach a full breakdown of costs with all items being costed according to valid quotes or invoices. (Please ensure any quotes are valid for at least three to six months and meet the criteria )

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

**PART 1, SECTION E. HOUSEHOLD INCOME**

i. Name of person receiving income	ii. Source of income (employment, Government benefit etc)	iii. Amount received	iv. How often (monthly, fortnightly, weekly)

**Important: Please attach latest Australian Taxation Office Tax Return as well as a most recent copy of a payslip**

**PART 1, SECTION F. REGULAR EXPENSES**

i. List weekly outgoings (ie; rent, mortgage, medical bills etc)	ii. Amount	iii. How often (monthly, fortnightly, weekly)

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

**PART 1, SECTION G. CERTIFICATION**

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

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

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.

**Medical privacy statement confidentiality notice:** 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.