



## **Thank you for your interest in applying for a Variety WA grant.**

Please read and answer all questions carefully – attach separate sheets if you require more space. Applications for assistance can be made at any time of the year.

The Variety WA Grants Committee oversees all applications for assistance to ensure that requests are considered in a fair and equitable way, and given priority in relation to urgency of need and availability of funds.

The Variety WA Appeals Committee meets once a month and applications are considered against set guidelines, including but not limited to:

- Grants are available to individuals and/or organisation for projects and equipment that benefits children who are sick, disadvantaged or have special needs.
- Applications will only be considered for children aged up to 17 years (applications must be received before their eighteenth Birthday)
- Variety WA does not give cash donations; we only fund the purchase of equipment and tangible items.
- Variety WA will not approve grant applications where alternative funding sources are available. This includes CAEP eligible items. Proof of any unsuccessful alternate funding should be included in your application.
- Applications cannot be considered for retrospective funding
- Variety WA does not fund research, therapy or rehabilitation services
- We do not fund vehicles for individuals / families. Variety WA does provide partial or joint funding for vehicles for organisations, through our Sunshine Coach program.
- Each applicant (individual or organisation) must complete the Variety WA Application for Assistance form; available to download from our website [www.varietywa.org.au](http://www.varietywa.org.au)
- As a general rule, there is a limit of one grant per recipient per year, except in special circumstances
- The Grants Committee will assess each grant thoroughly; if more information is required, a committee member may follow up via telephone, email or post
- The deliberation process may take up to several months for an outcome to be advised.
- Please ensure that all questions are answered thoroughly on the application forms
- Please ensure that additional paperwork requested (eg. Payslips, quotes etc) has been included when submitting the application – if it is not, it will delay the decision process as grants will not be reviewed until all relevant information is received.

We respect the personal nature of the details you submit and will provide complete confidentiality. Please note, as part of our accountability procedures, Variety WA produces a list of successful grants each financial year, including the age / suburb / disadvantage of individual and organisation recipients. If you have any concerns regarding this procedure, please contact the Variety WA office.

### **Variety - The Children's Charity of Western Australia / Tent 74**

Incorporated Reg No: 1004566. ABN 14 020 124 537  
3/63 Shepperton Road, Victoria Park WA 6100  
PO Box 669, Victoria Park WA 6979  
T: 08 9355 3655 F: 08 9355 5122  
W: [www.varietywa.org.au](http://www.varietywa.org.au) E: [varwa@varietywa.org.au](mailto:varwa@varietywa.org.au)



## 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. Please tick  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. Total cost of project/equipment: \$
15. Amount required from Variety: \$
16. Are you able to make any financial contribution to this appeal? Yes / No  
If so, please provide details. Maybe family or friend can assist.
17. Attach three (3) current quotations. IF THERE IS ONLY ONE MANUFACTURER, PLEASE ADVISE.  
(Please ensure freight costs are included)

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 WA? If yes, please provide details (date, nature of appeal, amount)

22. If your appeal is approved, would you be interested in:

Joining Variety WA - the Children's Charity and/or     Assisting Variety WA where possible?

23. If your appeal is approved, Variety WA 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 WA to generate publicity should my/our appeal be successful.

Please tick appropriate box:     Yes     No

### Privacy collection statement

Your privacy is respected by Variety WA. The personal information you provide on this form (including sensitive information about your health) 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 Grants Coordinator at Variety WA, Tel: 9355 3655

I consent to Variety collecting 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.

### Check List

Please  the boxes if attached:

- Completed application form     Income documentation attached (No. 8 & 9)  
 Three (3) current quotations (No. 17)     Two (2) supporting letters (No. 19)

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

Variety WA - Midwest Geraldton Branch  
PO Box 7238 Geraldton WA 6531

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

**Additional information may be attached to support your application if you wish.**