

# Variety Individual Grant Application

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Variety – The Children’s Charity helps New Zealand’s sick, disabled and disadvantaged children to reach their full potential.

**Please read this page before you complete the Variety Individual Grant Application form**

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If you have questions, please contact the Variety office on 09 520 4111 or email [helpkids@variety.org.nz](mailto:helpkids@variety.org.nz)

## WHAT DO I NEED TO KNOW?

My child is aged between 0 and 18 years old  
My child is a NZ resident/citizen

### What can I get help for?

We fund a broad range of requirements, from much needed medical equipment to life changing mobility needs, to innovative educational initiatives.

Funding covers but is not limited to:

- ♥ Specialised trikes (up to \$1,500)
- ♥ iPads/tablets (up to \$900)
- ♥ Laptops/PCs (up to \$1,500)
- ♥ Mobility Equipment
- ♥ Basic needs such as clothing, bedding and school costs
- ♥ Extra-curricular activities like swimming lessons, music lessons and extra tuition

Applications for iPads/tablets/laptops/PCs must include at least one supporting letter from professional sources stating that the device is beneficial to the child. These must show that the child has trialed the device. They may be from professionals such as an Occupational Therapist, Principal/School Teacher, Medical Practitioner, Social Worker, etc. Documents must be less than three months old.

### What CAN'T I get help for?

- ♥ Land, buildings, swimming pools or building projects
- ♥ Salaries
- ♥ Administration costs or office equipment
- ♥ Overseas travel
- ♥ Computers for schools or kindergartens
- ♥ Bikes and trikes for children under the age of 6 years and maximum Variety contribution will be \$1500
- ♥ Costs to attend seminars/conferences
- ♥ Research
- ♥ Vehicles for individuals (other than Sunshine Coaches for organisations – contact the Variety office for more information on this programme)

### What happens next?

- ♥ The Grants Review Panel meets three times a year to review applications received. Applicants will be notified once their application has been received by Variety.
- ♥ The applicant will be notified in writing whether their application has been approved or declined
- ♥ A letter of authorisation, with a grant reference number, will be issued to successful grant applicants.
- ♥ Unless a time extension has been requested grants will expire 3 months after date of notification.

**Each application is considered on its merits and allocation of funding is at the discretion of the Grants Review Panel.**

## VARIETY INDIVIDUAL GRANT APPLICATION

### SECTION A - PERSONAL DETAILS

**NAME OF CHILD:**

<b>DATE OF BIRTH:</b>	<b>AGE:</b>	<b>MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/>
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**ADDRESS:**

<b>SUBURB:</b>	<b>CITY:</b>	<b>POSTCODE:</b>
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**ETHNICITY: PLEASE TICK**

<input type="checkbox"/> <b>NEW ZEALAND EUROPEAN</b>	<input type="checkbox"/> <b>TONGAN</b>
<input type="checkbox"/> <b>MAORI - IWI</b>	
<input type="checkbox"/> <b>SAMOAN</b>	<input type="checkbox"/> <b>INDIAN</b>
<input type="checkbox"/> <b>CHINESE</b>	<b>OTHER:</b>

**SPECIAL NEEDS/DISADVANTAGE (If applicable):**

**CHILD'S SCHOOL:**

**WHO DOES THE CHILD LIVE WITH? (COMPLETE ALL THAT APPLY)**

	MOTHER	FATHER	CAREGIVER/OTHER (PLEASE STATE)
<b>NAME:</b>			
<b>PHONE:</b>			
<b>MOBILE:</b>			
<b>EMAIL:</b>			

**DETAILS OF OTHER PEOPLE LIVING IN YOUR HOUSE THAT RELY ON YOUR FINANCIAL SUPPORT:**

FULL NAME	MALE/FEMALE	AGE	RELATIONSHIP



**FINANCIAL INFORMATION**

<b>WEEKLY INCOME AFTER TAX</b>	<b>MOTHER</b>	<b>FATHER</b>	<b>CAREGIVER</b>
<b>WAGES/SALARY</b>	\$	\$	\$
<b>WINZ E.G. BENEFIT, PENSION</b>	\$	\$	\$
<b>FAMILY TAX CREDIT/IRD</b>	\$	\$	\$
<b>CHILD DISABILITY ALLOWANCE</b>	\$	\$	\$
<b>UNSUPPORTED CHILD BENEFIT</b>	\$	\$	\$
<b>UNSUPPORTED CHILD BENEFIT</b>	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

*All information provided in this section will remain confidential and will not be shared with any third parties.*

<b>HAVE YOU EVER APPLIED TO VARIETY – THE CHILDREN’S CHARITY FOR FUNDING?</b>	<b>YES</b>	<b>NO</b>
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**IF YES, PLEASE PROVIDE APPROXIMATE DATES AND DETAILS:**

<b>HAVE YOU APPLIED TO ANY OTHER SOURCE FOR THIS FUNDING?</b>	<b>YES</b>	<b>NO</b>
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**IF YES, PLEASE PROVIDE DATES AND DETAILS:**

<b>DO YOU GIVE PERMISSION FOR YOUR APPLICATION DETAILS (WITH SURNAMES REMOVED) TO BE PROVIDED IN VARIETY COMMUNICATIONS?</b> <small>(This helps Variety to raise funds from the public for current and future grants)</small>	<b>YES</b>	<b>NO</b>
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**HOW DID YOU HEAR ABOUT VARIETY?**

## SECTION C - REVIEW

### TO COMPLETE

1. I understand that this information will be used by Variety – the Children’s Charity to establish our need for funding and that I, or the referees provided may be contacted by members of Variety in order to verify what is included in this application and/or to obtain further information if required.
  
2. Should this grant application be successful I/we accept that Variety may, in its sole discretion, use any of the information relating to this application or the applicant for the purpose of publicity to raise awareness of Variety and the assistance that it provides and the applicant consents to such use.
  
3. Your contact details will be put on our database to keep you up to date with Variety’s activities. If you do not wish to be contacted in the future, please advise our office.

I (NAME OF PRIMARY CONTACT) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

SOLEMNLY AND SINCERELY DECLARE THAT:

- ♥ The information included in this application form and supporting documentation is true and accurate
  
- ♥ I have not withheld any information that may be relevant to this application and/or Variety’s approval of it.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE: \_\_\_\_\_

Variety - the Children’s Charity appreciates written acknowledgment from grant recipients and is grateful to receive photographs and updates of how the child/children are benefiting from the grant, wherever possible.

Variety - the Children’s Charity is continually increasing its financial resources, thereby enabling it to increase assistance to children in need. Variety needs to keep its profile high with publicity and continual promotion. We request that grant recipients support and promote Variety wherever possible.

**PLEASE PROVIDE THE FOLLOWING SUPPORTING INFORMATION**

✓ Tick

The signed application form

Medical certificate (required for all applications for specific medical conditions)

Supporting letter from your doctor, social worker, school or other relevant party

2 months of bank statements from every account e.g. your everyday accounts and savings accounts

A photograph (where available) of the child/children the grant is being applied for

Any relevant background information

Two written quotes (where possible) supporting amount requested

Your child's birth certificate if your child was born in New Zealand, if the child was born overseas please supply a copy of his/her returning resident's visa

**IMPORTANT: PLEASE NOTE: APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION**

- ♥ We suggest that you keep a copy of this application for your own records.
- ♥ Please print this application single sided, stapled once, do not bind.
- ♥ Large applications should be clipped together.
- ♥ Complete the original application form; do not create your own application form.
- ♥ Applications received without all the required information will not be considered.

Please forward completed application form and all supporting documentation to:

**Variety – the Children's Charity**  
**PO Box 17276**  
**Greenlane**  
**Auckland 1546**

If you have any trouble completing the form or have any other queries please contact the Variety office by phone; 09 520 4111, or visit [www.variety.org.nz](http://www.variety.org.nz).