

Variety Individual Grant Application

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

If you have any questions, please contact the Variety office

Phone: 09 520 4111

Email: 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?

Funding covers but is not limited to:

- ♥ Specialized trikes (up to \$1,500)
- ♥ Digital devices (up to \$1,500)
- ♥ Mobility equipment
- ♥ Medical equipment
- ♥ Sensory equipment
- ♥ Beds
- ♥ Tutoring
- ♥ Trampolines
- ♥ Basic items such as clothing, bedding, shoes and school costs for children 0-4yrs and 16-18yrs

What can't I get help for?

We do not provide funding for:

- ♥ Land or building projects
- ♥ Salaries or administrative costs
- ♥ Overseas travel
- ♥ Vehicles
- ♥ Organizations

What happens next?

- ♥ The Grants Review Panel meets regularly throughout the year to review applications. How often they meet depends on funding available
- ♥ The applicant will be notified in writing when their application has been reviewed
- ♥ A letter of authorization, with a grant reference number, will be issued to successful grant applicants
- ♥ Unless a time extension has been requested, grant funding 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.

How to apply:

- ♥ 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.
- ♥ Complete the original application form; do not create your own application form.
- ♥ Applications received without all the required information will not be considered.

Post the completed application form to:
Variety – the Children's Charity
PO Box 17276, Greenlane, Auckland 1546

Or scan and email to
helpkids@variety.org.nz



Child Details

Name of child:

Date of birth:	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/> other <input type="checkbox"/>
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Address:

Suburb:	City:	Postcode:
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Ethnicity: please tick

<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Tongan
<input type="checkbox"/> Maori - Iwi	
<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian
<input type="checkbox"/> Chinese	Other:

Special needs/disadvantage (If applicable):

What school does your child attend?

Who does the child live with? (complete all that apply)

	Mother	Father	Caregiver/Other (please state)
Name:			
Phone:			
Mobile:			
Email:			

Details of other people living in your house that rely on your financial support:

Full name	Male/Female	Age	Relationship



Assistance Required

Total cost (please attach two written quotes)	\$
- Less the amount you can contribute	\$
Total funds required	\$

Describe exactly the assistance your child requires and how the funds are to be used below

Describe a little about the child's background below

(please include illnesses or disabilities relevant to this application)

What difference will funding this grant make to your child?



Financial Information

Weekly income after tax	Mother	Father	Caregiver
Wages/salary	\$	\$	\$
Winz e.g. benefit, pension	\$	\$	\$
Family tax credit/IRD	\$	\$	\$
Child disability allowance	\$	\$	\$
Unsupported child benefit	\$	\$	\$
TOTAL	\$	\$	\$

Have you ever applied to Variety – the Children’s Charity for funding?	YES	NO
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If yes, please provide approximate dates and details:

Have you applied to any other source for this funding?	yes	no
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If yes, please provide dates and details:

How did you hear about variety?

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



Declaration

I confirm 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.

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.

To ensure the on-going success of these programmes, Variety often needs to appeal to the public to raise funds. We have found that when we can share basic details of those either currently benefitting from these programmes, or on the waiting list, we are able to generate positive results.

To that end, we may use selected details from your application, which will not identify your child. This may include your child's first name, age, the support they require, and geographical location being used in Variety communications.

If we wish to gather or share any further details, we will get in touch to receive your permission before doing so.

I understand my 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.

You agree to complete a grant feedback form. This will be emailed to you 3 months after your grant is approved.

Completion of this form indicates your acceptance of these terms and conditions.

Parent/caregiver name:

Relationship to child:

Signed:

Date:

Please provide the following information

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

Supporting letter

This support letter can be from the child's school, social worker or other professional. It cannot come from the organization supplying the quote. The letter needs to explain why your child needs this help and the difference it will make to the child.

Financial information - attach **ONE** of the following:

Community Services Card - please attach a copy of the card for each caregiver living with the child/children

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

Verified budget sheet from a budgeting agency. This must be signed and dated by the caregiver and budget agency

A clear, recent **photograph** of the child

Two written quotes, if possible

We do not require quotes if you are applying for help with clothing, bedding and/or school costs. If you are applying for a digital device, please ask your local Noel Leeming store for a quote. If the device is purchased through your child's school, please attach a letter from the school.

These quotes are used as a guide to help us understand the amount of funding you require. Please note: You may not receive the exact funding you requested and we may use a different supplier.

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

Any relevant background information
