

# Variety Kiwi Kid Sponsorship 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 Kiwi Kid Sponsorship Application Form

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

## WHAT DO I NEED TO KNOW?

### Can I apply?

My child is aged between 5 years and 15 years old

My child is a NZ resident/citizen

We are financially disadvantaged

Our income from all sources is not more than:

- 1 child - \$850 per week (after tax) or less
- 2 children - \$950 per week (after tax) or less
- 3 or more children - \$1050 per week (after tax) or less
- 4 or more children - \$1140 per week (after tax) or less

### What can I get help for?

- Medical: e.g. doctor’s fees, prescription charges, optometry costs
- School related costs: e.g. stationery, school camps, school trips, uniforms (excludes school fees/ donations)
- Essential items such as a warm jacket, shoes, underwear, pyjamas, car seat, bed sheets and blankets
- Extra-curricular costs: e.g. sports fees, sports uniforms, music/dance/swimming classes (only half of the funds can be used for extra-curricular costs).
- Kiwi Kid Sponsorship is a minimum of \$336 per year. Variety will pay these funds direct to suppliers. You will not receive funds in cash

### How do I apply?

Complete this application form. Answer **ALL** questions.

- We accept four children per family
- Call Variety (09) 520 4111) with any questions
- Do **NOT** submit double sided printed applications
- Please keep a copy of this application for your record

### What do I need to include in the application?

1. Financial documents including **one** of the following:
  - If you have a **Community Services Card** please attach a photocopy of the card or ask your referrer to verify they have sighted the card (refer page 8) **OR**
  - 2 months of bank statements from **every** account e.g. your everyday accounts and savings accounts **OR**
  - 52 week WINZ statement. You can get this by phoning the WINZ contact centre for free on 0800 559 009 **OR**
  - Verified budget sheet from a budgeting agency
2. Clear photo of the child, we prefer colour
3. Copy of child’s birth certificate or returning residence visa card or ask your referrer to verify they have sighted the birth certificate (refer page 8)

### **Applications received without the above information will be returned**

Each application is considered on its merits and allocation of funding is at the decision of the Variety Grants Committee, with the approval of the Board. You will need to renew your application each year

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

**PERSONAL DETAILS – FIRST CHILD**

NAME OF CHILD:

DATE OF BIRTH:

AGE:

MALE  FEMALE 

ADDRESS:

SUBURB:

CITY:

POSTCODE:

ETHNICITY: PLEASE TICK

 NEW ZEALAND EUROPEAN TONGAN MAORI - IWI SAMOAN INDIAN CHINESE

OTHER:

CHILD'S SCHOOL:

WHY DOES YOUR CHILD NEED THIS SPONSORSHIP?

WHAT IS YOUR CHILD'S FAVOURITE SUBJECT AT SCHOOL?

WHAT DOES YOUR CHILD MOST LOVE TO DO?

ASK YOUR CHILD TO WRITE SOMETHING ABOUT THEMSELVES:

**PERSONAL DETAILS – SECOND CHILD**

NAME OF CHILD:

DATE OF BIRTH:

AGE:

MALE  FEMALE 

ADDRESS:

SUBURB:

CITY:

POSTCODE:

ETHNICITY: PLEASE TICK

 NEW ZEALAND EUROPEAN TONGAN MAORI - IWI SAMOAN INDIAN CHINESE

OTHER:

CHILD'S SCHOOL:

WHY DOES YOUR CHILD NEED THIS SPONSORSHIP?

WHAT IS YOUR CHILD'S FAVOURITE SUBJECT AT SCHOOL?

WHAT DOES YOUR CHILD MOST LOVE TO DO?

ASK YOUR CHILD TO WRITE SOMETHING ABOUT THEMSELVES:

**PERSONAL DETAILS – THIRD CHILD**

NAME OF CHILD:

DATE OF BIRTH:

AGE:

MALE  FEMALE 

ADDRESS:

SUBURB:

CITY:

POSTCODE:

ETHNICITY: PLEASE TICK

 NEW ZEALAND EUROPEAN TONGAN MAORI - IWI SAMOAN INDIAN CHINESE

OTHER:

CHILD'S SCHOOL:

WHY DOES YOUR CHILD NEED THIS SPONSORSHIP?

WHAT IS YOUR CHILD'S FAVOURITE SUBJECT AT SCHOOL?

WHAT DOES YOUR CHILD MOST LOVE TO DO?

ASK YOUR CHILD TO WRITE SOMETHING ABOUT THEMSELVES:

**PERSONAL DETAILS – FOURTH CHILD**

NAME OF CHILD:

DATE OF BIRTH:

AGE:

MALE  FEMALE 

ADDRESS:

SUBURB:

CITY:

POSTCODE:

ETHNICITY: PLEASE TICK

 NEW ZEALAND EUROPEAN TONGAN MAORI - IWI SAMOAN INDIAN CHINESE

OTHER:

CHILD'S SCHOOL:

WHY DOES YOUR CHILD NEED THIS SPONSORSHIP?

WHAT IS YOUR CHILD'S FAVOURITE SUBJECT AT SCHOOL?

WHAT DOES YOUR CHILD MOST LOVE TO DO?

ASK YOUR CHILD TO WRITE SOMETHING ABOUT THEMSELVES:



**WHO DOES THE CHILD/CHILDREN LIVE WITH?**

	<b>MOTHER</b>	<b>FATHER</b>	<b>CAREGIVER/OTHER – PLEASE STATE</b>
<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:**

<b>FULL NAME</b>	<b>MALE/FEMALE</b>	<b>AGE</b>	<b>RELATIONSHIP</b>

**HOW DID YOU HEAR ABOUT KIWI KID SPONSORSHIP?**

**AGENCY/ORGANISATION/SCHOOL:**

**NAME:**

**TELEPHONE NUMBER:**

**EMAIL:**

**YOU MUST FILL IN THIS SECTION**

**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	\$	\$	\$
OTHER INCOME	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

HAVE YOU EVER APPLIED TO VARIETY – THE CHILDREN’S CHARITY FOR FUNDING? YES NO

IF YES, PLEASE GIVE DATES AND DETAILS:

I’VE INCLUDED IN MY APPLICATION ONE OF THE FOLLOWING:

- If you have a **Community Services Card** please attach a photocopy of the card or ask your referrer to verify they have sighted the card refer page 8
- 2 months of bank statements from **every account** e.g. your everyday accounts and savings accounts
- 52 week WINZ statement - you can get this by phoning the WINZ contact centre for free on 0800 559 009
- verified budget sheet from a budgeting agency

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

## Declaration

**a)** I believe the information I have provided to be true and correct. 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 I have provided, may be contacted by Variety staff in order to obtain further information if required.

**b)** Should our grant application be successful I/we accept the Variety Code of Conduct which is to undertake to:

1. *Be respectful of the Variety name*
2. *Make sure funds are only spent on our sponsored child*
3. *Tell Variety about any change in our family’s financial situation*
4. *Check with Variety before spending the funds. Variety accepts that there may be emergency situations where it is not possible to contact a Variety representative*
5. *Keep in touch with your sponsor through us*
  - ♥ *Your sponsor is interested to know how your child is doing. We expect at least **two** letters a year that we can send on to your sponsor*
6. *Allow Variety to use photos of our sponsored child, along with their first name, age, and region. Variety will not disclose surnames, school or contact details to any third parties without the express permission of the parents/caregivers*
7. *Tell Variety immediately if my sponsor attempts to contact me, or my child directly*
8. *Complete a renewal form once a year*
9. *We acknowledge that Variety reserves the right to cancel or withdraw the Kiwi Kid Sponsorship programme at its discretion, and that if there are serious breaches of this Code of Conduct, Variety may void the programme immediately.*
10. *Ensure your child’s social media accounts are private. Refer to Variety’s social media guidelines*

**Variety may use photos of your child, along with their first name, age and geographical location in Variety communications. This helps Variety to raise funds from the public for current and future grants.**

**Variety may contact your child’s school and use your child’s full name, date of birth and grant details to assist with claims and help manage the sponsorship.**

**Completion of this form indicates your acceptance of these terms.**

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**PARENT/CAREGIVER NAME:**

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**RELATIONSHIP TO CHILD:**

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**SIGNED:**

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**DATE:**

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**NAME OF PERSON WHO COMPLETED THIS FORM:**

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**RELATIONSHIP TO THE CHILD’S PARENT/CAREGIVER:**

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**REFERRING AGENCY TO COMPLETE**

**KEY OUTCOMES I HOPE WILL BE ACHIEVED FOR THE CHILD/CHILDREN:**

- Improve physical health
- Increase access to basic day to day essentials e.g. clothing, shoes, bedding
- Increase access to sports/extracurricular activity
- Increase access to additional educational help
- Cover basic school needs e.g. uniform, stationery, camps etc.
- Increase confidence/social acceptance

**GIVE US A BIT OF BACKGROUND ON THE FAMILY SITUATION OR ATTACH A SUPPORTING LETTER**

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**REFERRING AGENCY TO COMPLETE****REFERRER NAME:****REFERRER ORGANISATION:****REFERRER ADDRESS:****REFERRER PHONE NUMBER:****REFERRER EMAIL ADDRESS:****REFERRER OR SCHOOL REPRESENTATIVE TO COMPLETE if not provided by caregiver**

- I HAVE SIGHTED THE COMMUNITY SERVICES CARD OF THE CHILD'S CAREGIVER:

CLIENT NO: \_\_\_/\_\_\_/\_\_\_      NAME: \_\_\_\_\_

CSC NO: \_\_\_/\_\_\_/\_\_\_      EXPIRY: \_\_\_\_\_

- I HAVE SIGHTED THE CHILD'S BIRTH CERTIFICATE OR RETURNING RESIDENT'S VISA

**AGENCY/SCHOOL NAME:****AGENCY/SCHOOL REPRESENTATIVES NAME:****SIGNED:****DATE:**

## HAVE YOU GOT EVERYTHING ON THE CHECK LIST BELOW?

### CHECK LIST – YOU MUST SEND TO US:

#### 1. THE COMPLETED AND SIGNED APPLICATION

#### 2. A CLEAR PHOTO OF THE CHILD, WE PREFER COLOUR

#### 3. FINANCIAL DOCUMENTS INCLUDING ONE OF THE FOLLOWING:

- If you have a **Community Services Card** please attach a photocopy of the card or ask your referrer to verify they have sighted the card refer page 8
- 2 months of bank statements **from every account** e.g. your everyday accounts and savings accounts
- 52 week WINZ statement - you can get this by phoning the WINZ contact centre for free on 0800 559 009
- Verified budget sheet from a budgeting agency

#### 4. EVIDENCE OF NEW ZEALAND RESIDENCY:

- Copy of my child's birth certificate or returning resident's visa or ask your referrer to verify they have sighted the birth certificate or returning resident's visa refer page 8

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### NOTE:

If you do not have a copy of your child's birth certificate or returning resident's visa you can ask your referrer or school to complete the section on page 8

If you are unable to provide a copy of your Community Services Card ask your referrer or school to complete the section on page 8

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### Please post completed application form and supporting documents to:

Freepost Variety  
PO Box 17 276  
Greenlane  
Auckland 1546

Or fax to: 09 520 1122 Or scan and email to: [kiwikids@variety.org.nz](mailto:kiwikids@variety.org.nz)

IF YOU EMAIL OR FAX YOUR APPLICATION YOU DO NOT NEED TO SEND A HARD COPY