



MND and Me
FOUNDATION

SMALL GRANT REQUEST APPLICATION

Thank you for contacting the MND and ME Foundation Limited.

The MND and ME Foundation is a not for profit registered charity built on the support of volunteers.

Our aim is to raise funds to assist to provide a quality of life for people living with MND which is not compromised by their diagnosis - a life with dignity and independence. We are also committed to increasing public awareness of, and promoting research and education for, MND.

Part of our mission is to assist in providing financial assistance to those living with MND **facing financial hardship** for medical equipment and supplies, mobility aids, in home care and respite assistance.

A Small Grant will provide a maximum of \$2,500.00 support.

To better help us find the equipment, supplies or additional financial aid needed, please complete this request in full and include copies of all required documentation requested.

The Foundation is pleased to be able to help those living with MND.

If you have any questions regarding the application, please email us at sarah@mndandme.com.au

Please send completed applications to: sarah@mndandme.com.au

Full completion of this application form is a prerequisite for consideration of your grant request. If this grant request form is not properly completed and all requested information supplied it may delay or prevent consideration of your grant request.



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PATIENT'S INFORMATION:

Date:	Male / Female	
Surname:	Christian Name/s:	
Phone:	Email:	
Street Address:		
City:	State:	Postcode:
Date of Diagnosis:	Age:	
Carers Name:	Carers Email:	
Number of Children:	Children's Age:	

HEALTH PROFESSIONAL'S INFORMATION:

Surname:	Christian Name/s:	
Relationship to the Patient:	Phone:	
Street Address:		
City:	State:	Postcode:

NEUROLOGIST'S INFORMATION:

Surname:	Christian Name/s:	
Hospital or Medical Centre:	Phone:	
Street Address:		
City:	State:	Postcode:



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RELEVANT INFORMATION ABOUT YOUR CLIENTS CIRCUMSTANCES



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Please set out in detail the type of services/equipment you are requesting assistance with.
Please attach quotes.

Please explain why you need the requested services/equipment. If you have a professional referral **please enclose a copy.**



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Have you sought financial assistance for the services requested above from any other source? Please circle: YES NO	
If yes, from whom:	When was the request made?
What was the result of your request?	

Are there any other relevant circumstances that we should be made aware of?



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Signature of Applicant:

Please print name clearly:

Today's Date:

FOR OFFICE USE ONLY:	
Grant Requested: AMAQ Grant	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Approved: \$0	Date: xx/xx/20
Authorised Signature:	Initials:



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MND and ME FOUNDATION LIMITED AND YOUR RIGHT TO PRIVACY

The MND and ME Foundation respects your privacy and is committed to protecting your personal information. The Foundation seeks to comply with the requirements of the Australian Privacy Act and the National Privacy Principles.

Why are we collecting your personal information?

To allow proper assessment of your application for a grant for assistance from the Foundation.

What are the consequences if I elect not to provide the information?

Your application for a grant for assistance from the Foundation may be delayed or denied.

What other types of organisations might my personal information be given to?

- Service providers and equipment suppliers relevant to your application
- Physicians and care providers

Can I access my personal information provided to the Foundation?

Yes. If you wish to access your personal information held by the Foundation or inquire about the Foundation's handling of your personal information please email us at sarah@mndandme.com.au