

iPad Application: Guidelines

	1st Round	2nd Round
Applications Open:	4th Nov 2013	3rd March 2014
Applications Close:	31st Jan 2014	16th May 2014
Review of Applications:	February 2014	June 2014
Announcements:	March 2014	July 2014

Please note: First round applications for 2013 will only be open to applicants that have already applied and are currently deferred. New applicants are welcome to apply in the second round.

1. Applications may be made on behalf of a child or children up to and including 18 years of age. No applications may be made after this date.
2. Applications will only be accepted during the published opening and closing dates and will be granted bi-annually according to the schedule.
3. Applications can only be made by individual families, with a limit of one per family.
4. Applications may be made on behalf of children who live in NSW/ACT and who are Australian citizens or have permanent resident status.
5. Applications may be made to assist a special needs child or children.
6. The following information must be included/ attached to each application:
 - a. Proof of the child's citizenship/residency. This can include a copy of a Birth Certificate, Australian Passport or Medicare Card.
 - b. Supporting letters from two professional sources stating that the iPad is beneficial to the child. These must show that the child has trialed the iPad. 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.
 - c. Current financial information from the family and supporting documentation must be attached. E.g. Payslip, Centrelink Statement.
7. Variety will fund the Apple iPad 2 Wi-Fi model 16GB and the Otterbox Defender case. A different model or optional extras may be granted if justified by the referee(s). In this case, the additional cost will be the responsibility of the applicant.
8. Once a grant is approved:
 - a. Variety will order the iPad from Apple. Payment will NEVER be made directly to an applicant, nor will cash payments be made.
 - b. When the iPad is ordered, the ownership is transferred directly from the supplier to the applicant's family.

iPad Application

This form is to be completed by a parent or guardian of the grant applicant.

Section 1: Child's Details

First Name: Last Name:

Is this child an Australian resident or citizen?
Please provide a copy of ID (eg. a Birth Certificate, Australian Passport or Medicare Card)

Date of birth:
(dd/mm/yyyy)

Street:

Suburb:

State: Post Code:

Description of disability:

Section 2: Parent or Guardian's Details

Parent: Guardian:

Parent 1: Title: First Name(s): Last Name:

Parent 1: Title: First Name(s): Last Name:

Phone (H): Phone (M):

Email:

No. of dependants (under 18 years): Ages:

Section 3: Financial Details (estimated net monthly figure)

Income 1: Income 2:

Please attach supporting documents (eg payslip)

Government Assistance 1: Government Assistance 2:

Please attach supporting documents (eg Centrelink statement)

Monthly expenses: *Please list main expenses with estimated costs (eg rent \$2,000, food \$600, etc)*

Have you previously received assistance from Variety? Yes No
If yes, please provide brief details:

Have you approached any other sources for financial assistance? Yes No

If yes, please provide brief details:

Are you able to make any financial contribution to this application? Yes No

If yes, how much?: \$

Section 4: iPad Request

Please note: Variety will only fund the iPad 2 16GB Wi-Fi model.

Have you performed a trial with an iPad? Yes No

Your referees must include details of the trial conducted.

Section 5: Support for this Application

Please attach supporting letters for your iPad application from two referees.

(E.g. Speech Therapist, School Principal, Case Worker)

Referee 1

Name: Position/Title:

Organisation: Phone:

Email:

Referee 2

Name: Position/Title:

Organisation: Phone:

Email:

Section 6: Consent

I/We give our consent for Variety NSW to generate publicity through print and electronic media should this application be successful.

I/We would like to join Variety's mailing list, to hear all of Variety's latest news.

How did you hear about Variety?

- | | |
|---|--|
| <input type="checkbox"/> Variety Website | <input type="checkbox"/> Other website (please specify) <input type="text"/> |
| <input type="checkbox"/> Social Media (eg. Facebook, Twitter etc) | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Press (eg. newspaper, radio etc) | <input type="checkbox"/> School |
| <input type="checkbox"/> Therapist/Doctor | <input type="checkbox"/> Other (please specify) <input type="text"/> |

Checklist - Please tick the boxes, if attached:

- | | |
|---|---|
| <input type="checkbox"/> Completed application form | <input type="checkbox"/> Citizenship/residency document |
| <input type="checkbox"/> Financial documents | <input type="checkbox"/> Supporting letters x 2 |

Privacy Collection Statement

Your privacy is respected by Variety. 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 Variety NSW on 02 9819 1000.

By signing this document, you confirm that you have read and agree to Variety's guidelines.

Authorised by (Family Member): Please sign

Print Name:

Date:

Please post, fax or email the completed form with relevant documents, as per the above checklist, to:

Post: Variety – the Children's Charity, Locked Bag 2468, St Leonards, NSW, 1590

Fax: 02 9437 3588

Email: grants@varietyNSW.org.au

If you need any assistance to complete this application please call our Grants team at the Variety office on 02 9819 1000.