**All Grant Applicants**

The Lister Presbyterian Health Trust is a registered charity that can only make grants for charitable purposes. These purposes include helping improve the physical or mental health, or spiritual welfare of people who are in need and/or aged and are suffering genuine financial hardship caused by a temporary or long-term change in their circumstances.

The Trust welcomes applications from the following people:

* A dependent person, i.e., *a* *person who relies on others for support or care who will* ***receive the benefit*** *from any grant that may be made.*
* A Caregiver/s of a Dependent person, i.e., *you are primarily responsible for* *a person who is financially dependent upon you AND, because of their circumstances, they have identifiable needs that require support or intervention, yet your circumstances are such that without help you have difficulty in addressing these needs from your own or other known resources*.
* A person in need, i.e., *a person* *who does not have financial resources available to meet an identified need.*

For the Trustees to know whether we can assist, and, if so, whether your application can be favourably viewed, we ask you to supply as much as you are able of the information requested on the enclosed Application form.

We appreciate that sharing personal information can be stressful and possibly personally demeaning. We assure you that the information you provide will be treated with absolute respect and confidentiality *and will only be used for the purposes of considering and auditing this particular application for a grant*. You have the right to ask for a copy of any personal information we hold about you, or to have it corrected.

When the Trustees assess applications, the information requested and received is important for enabling them to fairly assess the range of applications that are received. The Trustees seek always to allocate their limited funds in a manner that will make a life enhancing contribution to those deemed to be most in need.

When assistance is sought with healthcare costs, it may be necessary for the Trustees to seek further information from the relevant healthcare provider to consider the application fully. Consequently, the application form asks for the contact details of this healthcare provider and for consent to contact this person. The contact will be made sensitively through one of the Trustees who is a medical practitioner and the information provided will be treated with utmost confidentiality. Should you have concerns about this please contact the Trust Secretary in the first instance.

Applications are usually finally assessed in the last week of March, June, September and November, so applications need to be with the Trust Secretary at least in the first week of those months. All applications and related correspondence should be sent to the Trust Secretary by post or email as detailed above.

With every best wish,

A close up of a piece of paper

Description automatically generated

Chairperson

Lister Presbyterian Hospital Trust

**SECTION ONE: Application for Personal Charitable Grant**

1. Address to which all correspondence and communication should be made.

Name: ……………………………………………………………………………………………………

Address: ...................................................................................................................................

Email: ……………………………………………………………………………………………………

1. Phone Number(s) ………………………………………………………………………………………
2. Name of the Applicant (i.e., a dependent person applying on own behalf, or a caregiver of a dependent person applying for that person, or a person in need applying for themselves):

Name: ……………………………………………………………………………………………………

Address (if different to above) ………………………………………………………….……………..

1. If the applicant is applying as the caregiver of a dependent person, please state the name of this person, their address and their relationship to you:

Name: ……………………………………………………………………………………………………

Address: ……………………………………………..…………………………………………….…….

Relationship of caregiver to the dependent person: ……………………………………….............

1. Reason for grant, e.g., service, equipment, treatment or other

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1. Amount requested: …..…………………………………………………………………………………
2. Bank Account (for payment of grant if application successful)

Bank: ………………………… Account Number: …………………………………………………..

Account Name: …………………………………………………………………………………………

1. **Healthcare Provider and Consent**

Name of Healthcare Provider: ………………………………………………………………………..

Contact Details: …………………………………………………………………………………………

I consent to the Lister Presbyterian Health Trust contacting the above healthcare provider for further information to enable this application to be considered fully, should this be necessary.

…………………………………………………………………………………………………………

Signed (by person with authority to consent to the release of the healthcare information)

Name: ……………………………………………………………………………………………………

**SECTION TWO: To be completed by Applicant**

1. What is your total income received from all sources including interest from savings and investments?

* $0 - $30.000
* $30,000 - $50,000
* $50,000 - $70,000
* Over $70,000

1. Do you have savings/investments?

* No
* Yes: please give details

……………………………………………………………………………………………………

1. Do you have a community services card?

* No
* Yes

1. Do you own your own home?

* No (what is your monthly rental payment?) ………………………………..……………………
* Yes (what is your monthly mortgage repayment?) .…………………….……………………..

1. Have you attempted to raise funds yourself?

* No
* Yes (if so give a brief description of the steps you have already taken)

………………………………………………………………………………………………………

1. Have you received charitable funding before for the same need?

* No
* Yes (what was the outcome?)

Amount received …………………… Donor ……………………………………………

1. Are there any particular needs that prompted you to apply to this Trust?

* No
* Yes (a detailed description would be helpful)

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1. Is there any other information which might be helpful?

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

***Please enclose any written references you may that would affirm or advocate for your need(s).***

The information given is to the best of my knowledge correct and accurate.

Signed: …………………………………………………………………….. Date: …………………….……..

Name: ……………………………………………………………………………………………………………...

I am

* Applying for this grant for myself.
* Applying for this grant as Caregiver of the person named in Section One, Question 4.  
  (*Please complete Section Three on this person’s behalf.*)

**SECTION THREE: If the applicant is applying as Caregiver of a person named in Section One, Question 4, please complete this section on this person.**

1. Does this person have a community services card?

* No
* Yes

1. Is this person on a benefit?

* No
* Yes

If yes, please list the benefit(s) received and the amount:

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

1. Does this person receive any other form of income?

* No
* Yes

If yes, please list the source(s) of all other income received to support this person:

………………………………………………………………………………..………………………

…………………………………………………………………………………….….……………..

………………………………………………………………………………………………………..

The information given is to my best knowledge correct and accurate.

Signed: …………………………………………………………………… Date:……………..……………

Name: ……………………………………………………………………………………………………..………..

***PRIVACY STATEMENT***

*We collect personal information from you, including contact details, and other medical and financial information primarily to allow us to assess, fulfil, and monitor your application for a grant.*

*We may use or disclose this personal information for these, and other lawful purposes related to your application, but will only do so in accordance with the Lister Presbyterian Health Trust Privacy Policy and the Privacy Act 2020.*

*We will not retain your personal information for any longer than we have a lawful purpose to use it or a legal requirement to retain it.*

*You have the right to access or correct any personal information the Trust holds about you.*

*You can do so by:*

* *Calling us on 021 828 839,*
* *Emailing us at* [*secretary@listerphtrust.org.nz*](mailto:secretary@listerphtrust.org.nz) *or*
* *Writing to us at the Lister Presbyterian Health Trust, PO Box 33-276, Takapuna 0740*