

Theodore and Isabella Wearne Charitable Trust Inc. Application for Financial Assistance for Individuals

ONLY APPLICATIONS SUBMITTED THROUGH THE WEBSITE APPLICATION FORM WILL BE CONSIDERED. WRITTEN APPLICATIONS THAT ARE COMPLETED AND EMAILED WILL NOT BE CONSIDERED.

APPLICATIONS MUST BE SUBMITTED BY A REPRESENTATIVE. SEE THE GUIDELINES FOR FURTHER DETAILS ON REPRESENTATIVES.

Terms of the Application (Application)

1) Assessment of Applications

- a. Submission of the Application does not expressly or impliedly mean that The Theodore and Isabella Wearne Charitable Trust Inc. (**The Trust**) has accepted the Application.
- b. The Trust is under no obligation, legal or otherwise to process the Application to a successful conclusion.
- c. Each application will be determined on its merits and in compliance with *The Wearne Trust's Guidelines for Financial Assistance for Individuals*.

2) Liability

- a. The Trust will not be responsible for any direct or indirect loss, injury, claim, liability, or damage related to the use of this site, whether from errors or omissions in the content of this site or any other linked sites, from the site being down or from any other use of the site.
- b. The Trust will not be liable for any direct or indirect loss, injury, claim, liability, or damage, arising out of or related to any products, goods, or services received by a Recipient through a successful Application.

3) No representations

- a. To the extent permitted by Australian law, The Trust makes no representations or warranties in relation to any goods or services ultimately received by the Recipient through the Trust.

[] By ticking this box I declare that the Recipient or the Recipient's parent/legal guardian has read and agrees to *The Wearne Trust's Guidelines for Financial Assistance for Individuals* and acknowledges and accepts the Terms of Application above.

Privacy Policy

The Wearne Trust respects the privacy of those who apply to the Wearne Trust for assistance. The personal information collected through this form (including sensitive information about the Recipient's health) will be collected, used and held pursuant to the Wearne Trust's Privacy Policy.

[] By ticking this box I declare that the Recipient or the Recipient's Parent/Legal Guardian has read and understood the Wearne Trust's Privacy Policy .

Question 1: Will you be providing any health information with this application?

Health information includes information or opinion about your illness, injury or disability.

Some examples of health information include:

- notes of the Recipient's symptoms or diagnosis
- information about a health service the Recipient had or will receive
- specialist reports and test results
- prescriptions and other pharmaceutical purchases
- dental records
- the Recipient's genetic information

If YES > Go to question 2

If NO > Go straight to form

Question 2: Are you making this application on behalf of:

- a) a minor;
- b) someone who is legally mentally or physically incapable;
- c) someone who has limited understanding of English?

If Yes to any of the above > Go to consent statement #2

If NO to all of the above > Go to consent statement #1

Consent statement #1: I have gained the express consent from the Recipient to collect their health information for the purposes of this application []

Consent statement #2: I have gained the express consent from the Recipient's parent/legal guardian to collect the Recipient's health information for the purposes of this application []

Representative's Declaration:

[] By ticking this box, I have

1. permanently deleted all photos (if any were taken) of documents containing the Recipient's personal information from any device (which includes ensuring they have been deleted from the deleted items); and
2. returned to the Recipient or destroyed, any hard copies of documents containing the Recipient's personal information I may have collected for the purpose of the application;

except where explicit consent in writing has been received from the Recipient for such Personal Information to be retained.

Representative's Details:

Name of Representative: _____

Organisation/Agency: _____

Contact Name: _____

Position within Organisation/Agency: _____

Phone Number: _____

Contact email address: _____

Recipient Details:

Name of Recipient: _____

Age: _____

Address: _____

Details of all persons living in the house:

Full Name	Male/Female/Other	Age	Relationship to Recipient	Current Fortnightly Income

Financial Assistance Being Requested:

All quotes are to be provided in the name and address of the Recipient.

Priority	Item		Amount including GST (\$)
	Furniture	Lounge	
		Dining table and chairs	
		Beds	
		Mattresses *must include waterproof mattress protector	
		Other – <i>please specify</i>	
	Kitchen items	<i>Please specify</i>	
	Linen	Bed linen	
	Utilities Bill(s)	Power	
		Gas	
		Water	
		Mobile Phone	
	Other Bill(s)	Please specify	
	Rent Arrears	Please specify	
	Visual Aids	<i>Please specify</i>	
	Mobility Equipment	<i>Please specify</i>	
	Hearing Aids	<i>Please specify</i>	
	Medical Equipment	<i>Please specify</i>	
	Medical Assistance	<i>Please specify</i>	
	Digital device	<i>Please specify</i>	
	Education	Fees	
		School Camp	
		<i>Other – please specify</i>	
	Security	<i>Please specify</i>	
	Vehicle –	Specify if new or used	
		Repairs	
		Vehicle modifications	

Fill in the Income and Expenditure Statement (per Fortnight) below. The amounts should reflect the total sum of the Recipient's and any Relevant Person's Income and Expenditure **per fortnight**.

"Relevant Person" means:

- 1) any person that ordinarily resides in the Recipient's household (excluding any person who pays rent or board to the Recipient);
or
- 2) any person upon whom the Recipient is financially dependent.

INCOME	\$	Education	\$
Wage/Pension 1		School/University/Course Fees	
Wage/Pension 2		Uniforms/Books/Stationery	
Government / Family Payment		Child Care	
Board/Rent		Personal	
Child Support		Clothing/Shoes	
Other Income		Toiletries/Cosmetics	
Total Income		Entertainment: Going Out	
LIVING EXPENSES		Entertainment: Streaming / Pay TV	
Housing		Alcohol	
Rent/Mortgage		Cigarettes	
Utilities: Water		Personal Spending (includes Lotto/Gambling)	
Utilities: Gas		Memberships/Other Fees	
Utilities: Electricity		Other Payments	
Home Phone / Internet		Child Support	
Mobile Phone		Tax Debts	
Home Maintenance		Fines	
Transport / Vehicle		Union Debts	
Car Payments		Union Fees	
Car Expenses		Centrelink Repayment	
Fuel		Credit Card 1	
Public Transport		Credit Card 2	
Taxi / Rideshare (eg: Uber)		Store Account 1	
Groceries		Store Account 2	
General Groceries (Food)		Personal Loan 1	
Household Items		Personal Loan 2	
Dining Out		LayBy/Afterpay	
Take-away Meals		Other Loan(s)	
Medical		Other Court Ordered Payment(s)	
Health Insurance/Ambulance			
Doctor/Specialist/Dentist		Sub Total (2)	
Allied Health (Physio/Chiro etc)		Sub Total (1)	
Chemist/Medications		Total Expenditure	
Visual Aids (glasses/contacts)			
		Net Surplus (or Shortfall)	
Sub Total (1)		(Total Income minus Total Expenditure)	

Fill in the Assets and Liabilities Statement below. The amounts should reflect the total sum of the Recipient's and any Relevant Person's Assets and Liabilities.

"Relevant Person" means:

- 1) any person that ordinarily resides in the Recipient's household (excluding any person who pays rent or board to the Recipient);
or
- 2) any person upon whom the Recipient is financially dependent.

ASSETS	"Assets" means total value of each item owned as per list or other items not listed
House	
Household Effects	
Farm	
Car(s)	
Motor Bike(s)	
Boat	
Other Property	
Shares	
Bank Deposits/Savings	
Cash	
TOTAL	

LIABILITIES	"Liabilities" means total amount owed on each item (fortnightly payments towards these items recorded in the Income and Expenditure form)
House	
Farm	
Car(s)	
Motor Bike(s)	
Boat	
Other Property	
Credit Card	
Loan 1: _____	
Loan 2 _____	

Other Debt(s) _____	
TOTAL	

Is the Recipient eligible for other assistance? Yes / No

If Yes, please specify: _____

Note: Please attach relevant Government Assistance documentation at Step 14

Has the Recipient applied to other charities for this assistance? Yes / No

If Yes, please specify: _____

Will the Recipient make a financial contribution to this application? Yes / No

If yes, how much will be contributed? _____

Has the Recipient applied to the Wearne Trust for assistance previously? Yes / No

If yes, when: _____

Payment Details of Supplier

Preferred payment method is EFT or BPAY

EFT: Account Name: _____

BSB: _____ Account Number: _____

Reference/Client Number: _____

OR

BPAY Biller Code: _____

BPAY Reference Number: _____

If supplier requires another payment method, please email the Wearne Trust at info@wearnetrust.org.au to arrange an alternative payment method.

PLEASE NOTE: RECEIPTS MUST BE PROVIDED TO THE WEARNE TRUST WITHIN 14 DAYS OF THE DATE OF PAYMENT. FAILURE TO DO SO MAY RESULT IN FUTURE APPLICATIONS NOT BEING CONSIDERED.

Please scan and upload the following documents (as relevant to this application):

If documents are not uploaded your application will not be considered.

- Quotes – one quote per item less than \$200, two quotes per item equal to or over \$200. Please note the quotes should be for an item of similar description (where item equal to or over \$200) and include installation and freight (if applicable).
- All quotes are to be in the name and address of the Recipient. If not able to provide the address, please provide a reason.
- Relevant supporting letters/documents such as landlord, medical professional or allied health professional.
- Copies of bill(s) requesting payment.
- Payment details for the supplier must be provided or the application will not be processed.
- Government Assistance documentation such as Centrelink Statement
- Any other relevant information.

Date: _____ (web submission to be date/time stamped, or other record of date/time submitted).