Mabel Alice Sharrott Accommodation Fund - Application Form Round 10

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Welcome to the Mabel Alice Sharrott Accommodation Fund.

Before completing this application form, please make sure you have read and understood the Fund Guidelines.

If you have any questions about your application, please email: fundraising@boltonclarke.com.au

Confirmation of Eligibility

I confirm that:

I have read and understood the Fund Guidelines

I can demonstrate accommodation needs as defined in the Fund Guidelines.

I am a retired or active qualified Australian nurse or personal care worker with at least 15 years' service in community care.

I have worked as a qualified nurse or personal care worker in community care in Victoria.

I can demonstrate disadvantage as defined in the Fund Guidelines.

Please select below: *

○ Yes ○ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Applicant Contact Details

Name *

Title First Name Last Name

Address

Address

Postal Address

Address

No current permanent address
○

Contact Phone Number *

Must be an Australian phone number.

Email

Must be an email address.

Qualifications

Please list your qualifications here. *

Service

How many years of active service do you have as a nurse? *

Must be a number.

Please list a brief history of your service as a nurse, including your time in Victoria. *

Are you currently active or retired? *

Funding Need

Please choose a category for your funding need from the following list: *

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Funding Need

* indicates a required field

Funding Need - title *

Please provide a short title for your accommodation project e.g. bathroom modification, emergency accommodation, repairs etc.)

Anticipated start date

If unknown, provide your best guess or leave blank

Anticipated end date

If unknown, provide your best guess or leave blank

Please provide a short summary of your accommodation needs and what steps need to be taken. (Up to 150 words) *

Include a brief summary, and why it is needed.

Budget

* indicates a required field

Total Amount Requested *

$

Note: Grants are up to $10,000

If applying for building modifications or emergency repairs, please provide quotations from professional providers here.

Attach a file:

For further information on quotations and providers, please refer to the Fund Guidelines.

Carer or Authorised Person

Certification

If this application is being completed by a carer or other Authorised Person on behalf of the Applicant, this section must be completed.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant is approved for this grant, they

will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree ○ Yes ○ No

Name of authorised person Title First Name Last Name

Relationship to the Applicant
(e.g, carer)

Contact phone number
Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email
Must be an email address.

Date
Must be a date

Agreement

* indicates a required field

Applicant Agreement

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if I am approved for this grant, I will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

Confirmation

*
○ I agree

Name *
Title First Name Last Name

Date *
Must be a date.