PRINCESS ALEXANDRA MEDICAL TRUST

APPLICATION FOR ASSISTANCE

Applicants Name:				
Applicants Address:				
Phone Number:	Mobile Phone Number:			
Date of Birth:	Occupation:			
If Applicant is a Minor Parents' Names:				
Address:				
Phone Number:	Mobile Phone Number:			
Immediate Family (Spouse/Partner, Childrer	n, or Parents):			
Type of Medical Assistance Required:				
GP/Doctor:	Medical Specialist:			
Cost:				
How Much Can You Contribute?	Up Front / Weekly / Fortnightly	/ M	lor	nthly
Would you commit to 20 hours voluntary wo If, Y, please explain:	rk in the community?	Y	/	Ν
Community Services Card Details: Card Holder Name:				
Card Number:	Expiry Date:	<u> </u>		
Do you have Health Insurance? Details:		Y	/	Ν
Are you a Beneficiary of, or do you have financial access to a Family Trust? Y / I Details:				

Statement of Assets and Liabilities (include Spouse/Partner)								
(If a Minor, Parents Details are Required)								
Assets	,	Liabilities						
Cheque Account	\$	Overdraft	\$					
Savings Account	\$	Loan	\$					
KiwiSaver	\$	Mortgage	\$					
Investments	\$	Hire Purchase	\$					
House	\$	Credit Card	\$					
House Contents	\$	Other(Specify)	\$					
Motor Vehicle	\$		\$					
Other (specify)	\$		\$					
	\$		\$					
	\$		\$					
	\$		\$					
Total	\$ \$ <u>\$</u> \$	Total	\$ \$ \$ \$					
			<u>+</u>					
Statement of Income and Expenses (include Spouse/Partner)								
	=	Details are Required)	,					
Income	(,	Expenses						
Salary / Wages	\$	Rent	\$					
Benefit	\$	Mortgage	\$					
Child Support	\$	Rates	\$					
Investments	\$	Insurance	\$					
- Interest	\$	Power/Gas	\$					
- Dividends	\$	Phone/Mobile/Internet	\$					
Regular Receipts		Motor Vehicle	\$					
Other (specify)	\$ \$ \$	Food	\$					
	\$	Clothing	\$					
	\$	Subscriptions	\$					
	\$	Entertainment	\$ \$					
	\$	Investments/Savings	\$					
	\$ \$ \$ \$	Loan	\$ \$					
		Hire Purchases	•					
	\$ ¢	Credit Card	\$					
	¢ V	Other (specify)	\$ ¢					
	\$ \$ \$ \$	Other (specify)	\$ \$ \$					
	φ ¢		ሳ ዮ					
Total	<u> </u>	Total	<u>Ф</u>					
TOLAI	<u> </u>	TOLAI	<u> </u>					
	Surplus / Deficit		\$					

Information to Accompany this Form:	Tick				
1) Letter of Support from your Doctor (not required for Orthodontics).					
2) Letter / Report from Medical Specialist.					
3) Full Costing from Medical Specialist.					
Decline Letter from Public Health System.					
5) Letter from Applicant outlining how this assistance will be beneficial.					
6) Community Services Card (Copy of Front Side)					
7) 3 Months of Bank Statements (if no Community Services Card).					
8) If for a Minor, and Parents are Separated, both Parents to Complete an					
application form.					
Privacy Act 2020					
The Information requested on the Application for Assistance form is for the Princess					
Alexandra Medical Trust use only. It will be used to process your application for					
assistance.					
I authorise Princess Alexandra Medical Trust to discuss my					
application for assistance with the Applicant's GP, Doctor, or	Y / N				
Medical Specialist as may be required.					

Note - Your application cannot be processed until this form is filled in correctly and all applicable information required to accompany the application is received.

Note - All Orthodontic applications will be reviewed by Wish For A Smile for potential funding through the Wish For A Smile Trust.

I hereby confirm that the application for assistance has been fully completed and all details are true and correct.

Signature: (or signature of parent if a minor) Date: