

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, Children, or Parents):	
Type of Medical Assistance Required:	
GP/Doctor:	Medical Specialist:
Cost:	
How Much Can You Contribute?	Up Front / Weekly / Fortnightly / Monthly
Would you commit to 20 hours voluntary work in the community? If, Y, please explain:	Y / N
Community Services Card Details:	
Card Holder Name:	
Card Number:	Expiry Date:
Do you have Health Insurance? Details:	Y / N
Are you a Beneficiary of, or do you have financial access to a Family Trust? Details:	Y / N

Information to Accompany this Form:	Tick
1) Letter of Support from your Doctor (not required for Orthodontics).	<input type="checkbox"/>
2) Letter / Report from Medical Specialist.	<input type="checkbox"/>
3) Full Costing from Medical Specialist.	<input type="checkbox"/>
4) Decline Letter from Public Health System.	<input type="checkbox"/>
5) Letter from Applicant outlining how this assistance will be beneficial.	<input type="checkbox"/>
6) Community Services Card (Copy of Front Side)	<input type="checkbox"/>
7) 3 Months of Bank Statements (if no Community Services Card).	<input type="checkbox"/>
8) If for a Minor, and Parents are Separated, both Parents to Complete an application form.	<input type="checkbox"/>
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 Medical Specialist as may be required.	Y / N

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: