

Application form

The rt Families Foundation Inc was established in 2006 to lend a helping hand where it is needed most. It is a charitable organisation (a completely separate entity to our health fund) that is here to help transport and electricity industry families that may not be able to access the medical care, medicine, treatment and equipment they need even as members of the health fund. The rt Families Foundation is managed by rt staff who give their time freely.

When granting applications, you will be assessed against a set criterion with the following guidelines considered:

- Applicants must be a member of rt health fund or some form of connection with the transport or electricity industry;
- Relief will only be granted to persons in Australia who are in necessitous circumstances;
- Grants will only be granted for health related cases where medical evidence is provided;
- Focus to be on an individual basis as unable to approve grants to other charities, groups or organisations.
- Applications must be in writing only and corresponding documentation such as tax statements, proof of income, medical evidence from treating Doctor/s to support any medical condition or purchase of equipment are to be submitted when lodging your application;
- Grant applications for modifications must include a fully itemised & official quote from a licensed tradesperson or company.
- Applicants are to inform the foundation on whether the applicant has received funding or assistance from other charities or organisations;
- Grants must be utilised within a 6 month period from approval of original grant application.

Generally, the foundation will not donate or loan money but rather assist with the purchasing of items or equipment the applicants may need such as required medical equipment. The rt Families Foundation will not cover out of pocket costs for procedures, experimental treatments or equipment or aide that does not prove or is considered to be of any medical benefit.

Privacy: Your privacy is important to us & we respect the fact that everyone has a right to their privacy.

This statement explains your privacy rights with our obligation & rights in relation to the collection & use of your personal information.

You are not required to give us any personal information or related material requested in the application however without this information we may not be able to process or approve your application.

At any time you may request access to the information you have provided to the foundation & ask us to correct, amend or update the information.

We will use the information you provide to process your application, adhere to any legal requirements or other regulations & to determine whether the application fulfills our criteria.

At no time will we disclose your personal information to anyone outside the Foundation or use your information for advertising purposes without your authority except where the law requires us or permits us to do so. However we may use your personal information in preparing the Foundation's reports and also in providing information to members of rt health fund for the sole purpose of publicizing the existence and role of the Foundation.

Application form

Your contact information

First name:

Last name:

Email:

Mobile:

Home Phone:

Work Phone:

Street Address:

City:

State:

Postcode:

Date of Birth:

How did you hear about the rt families foundation?

I am a member of rt health fund rt's website Attended an event where rt was being promoted I visited an rt branch

Other (please specify):

The request

What is it that you would like the Foundation to grant?

What impact will this have if it were to be granted?

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Have you ever received a grant from another organisation?

Yes No Not sure

If you have also applied for a grant elsewhere, please specify who the organisation is, why the grant was applied for, the amount granted/ applied for & the status of the grant e.g. applied, committed, completed etc.

Consent

- I acknowledge that no promises or assurances have been made to me regarding the approval of my grant request.
- I have provided proof of income and the medical condition that the applicant is suffering from.
- I understand that the RT Families Foundation will not issue me a cash grant or cover purchase, repairs or enhancements to properties or facilities that maybe considered as a financial gain.
- I declare that I have read & understood the above mentioned privacy statement outlined in this application form & I consent to the collection, use & disclosure of personal information in accordance with the privacy statement.
- If required I will provide further information to support my application & I understand that if I do not, my application may be rejected.

I consent to the rt Families Foundation, if my grant request is approved, using all information relating to the grant for reporting and audit purposes such as Annual General Meeting (AGM) or reporting to external organisation associated with rt Families Foundation and / or rt health fund and for publicizing the rt Families Foundation to members of rt health fund

Signature of Applicant

X

Date:

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