PO Box 4271 GUMDALE Q 4154
p 3890 1843 f 3890 1043
e info@helpkidslikenick.com.au
www.helpkidslikenick.com.au
ABN 13 158 521 263

HELP KIDS LIKE ***NICK***
Application for Financial Assistance

Name of Applicant : ________________________________ ________________________
LAST NAME FIRST NAME

Date of Birth : ________________________________
MONTH/DATE/YEAR

Address: ____

City/Town: ________________________State____________________________P/Code__________

Telephone Number: ______________________________ ____
DAYTIME NUMBER MOBILE

Email Address : ____

Medical Confirmation of Wolf-Hirschhorn Diagnosis attached ☐

Proof of Australian Citizenship attached (eg Birth Certificate or Proof of Residency) ☐

Parent/Guardian:_________________________________ ____
LAST NAME FIRST NAME

Relationship to applicant: ____

Equipment and/or Services Requested:____

How will this benefit the applicant?____

____

Any additional information you feel will assist the decision-making process
(optional):____

____

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Total Funding Required: $________________

Amount from other sources (Please list below)

Government Agency: $________________

Non-Government Agency: $________________

Amount required from HELP KIDS LIKE NICK $________________

Vendor/ Service Provider (1).____
NAME

Vendor/Service Provider (2).____
NAME

Please include a copy of the quotes with your application ☐

____

Supporting Health Care Professional

Name: ____

Place of Employment:____

Address:____

Phone Number:__________________________Email:_________________________________

How long have you known the applicant?____

As a supporting health professional what benefits do you see this funding will bring the applicant and

their family?____

____

Please attach independent assessment by the above Health Care Professional ☐

Certification
*I acknowledge that I have read the **Help Kids Like Nick** Guidelines for Funding and certify that the information provided in this application is true, correct and complete to the best of my ability*

Parent/Guardian: ________________________________ Date __________________
SIGNATURE

Parent/Guardian:________________________________
PRINT NAME