# C:\Users\Leanne\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\2LVZBXN4\ff-logo lt pink.png

# Application for Charity Surgery

# APPLICATION INFORMATION

The Fifeshire Foundation is a Charitable Trust. Our voluntary Trustees meet monthly to allocate grants to people living in the Nelson/Tasman region who are in **“hardship and/or domestic crisis”**. We also give grants to agencies that support local people in crisis. Please note that:

1. We never give out cash. Instead, we will work with the Manuka Street Charitable Trust (MSCT) to cover all or part of the cost of your surgery.
2. We consider applications based on evidence of need and people’s efforts to address a situation.
3. We need evidence that your financial situation is such that you are unable to support the cost of the surgery being applied for. If you are able to supply a budget worksheet signed by a budget advisor, that would be great. If you cannot, please say why and complete parts 4 and 5 of this application.
4. Applications must include a referral and declaration form, completed by the referring doctor / GP. This needs to confirm that surgery cannot be provided any other way, such as having been declined through the public health system, no private health insurance or ACC entitlements. Please include any document verification.
5. Applications must confirm that all other funding options have been explored and exhausted, including Work and Income entitlements. You also need the signatures of two referees who have seen the completed application and support it. One of these MUST be your Doctor / GP with whom you have discussed this application.
6. We cannot consider incomplete applications, and will return these to the contact person.

We meet on the second Friday of each month, and applications must be in by the 25th of the month before. Our application forms and meeting dates are on our website.

Following our monthly meeting where your application will be considered, we will contact you to discuss the outcome. If your application meets our criteria for approval, the next step is that we will forward your application to the Manuka Street Charitable Trust (MSCT). The MSCT will then decide if they are able to proceed with your application. This will be based on a number of factors, including but not limited to:

* The availability of surgical resources for the particular surgery
* The nature of the surgery and any follow up required

To post, or email your application please use our contact details below. Alternatively, you can drop them in to reception at Fifeshire House (Mediaworks Radio Station), Trafalgar Square, Nelson.

Contact: Emma Bennett – Kaiwhakarite / Programme Coordinator – Fifeshire Foundation

Phone 022 587 7519

[info@fifeshirefoundation.co.nz](mailto:info@fifeshirefoundation.co.nz)

|  |
| --- |
| **Our confidentiality declaration** |
| Your completed application will initially only be viewed by the Fifeshire Foundation Trustees and our two staff members. If the Trustees approve your application to go forward to the MSCT for consideration, your full application will be forwarded to the MSCT. The MSCT is then responsible for communicating with you any further activities associated with your application.  The Trustees and Manager will keep confidential all information regarding applicants and any applications that are transferred verbally, in written and in electronic form.  Where further information about the application is required, this will only be with the consent of the applicant, and for the purposes of considering the application.  By completing and signing this form, you agree to the terms outlined above. |

|  |  |  |
| --- | --- | --- |
| **Part 1:** | **Enter applicant’s contact information here** | |
| Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | |
| Name of Applicant: | | |
| DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)  eg Maori, Pacifica, NZ/ European, etc.. | | |
| Address of Applicant: | | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |
|  | |
| Who is applying for the grant:  (if different from above) | | |
| If you are applying for someone else do you have his or her permission? Yes / No (Please circle) | | |
| Name of the contact person for the application: | | |
| Address of the Applicant’s contact person | | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |
|  | |
| Has the applicant or a member of their family/household asked the Fifeshire Foundation and / or the  Manuka Street Charitable Surgery for a grant in the past? Yes/No (Please circle). Please note that  we keep a record of all previous grants given. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART 2:** | **Detail your understanding of the surgery or medical intervention you are applying for:** | | | |
|  | | | |  |
|  | | | |  |
|  | | | |  |
|  | | | |  |
|  | | | |  |
| **PART 3:** | | **Signatures from 2 supporters, and from Work and Income** | | |
| Please give 2 signatures of people who support this application, one from the referring GP or Medical Practitioner and another from e.g. Budget advisor, Work & Income, support or social worker, minister, employer, lawyer, teacher or principal.  ***NOT*** family or friends.  You may also attach a supporting letter from one or more supporters.  Consent. By submitting this form you give Fifeshire Foundation permission to contact these 2 people to discuss aspects of this application, should they need to. | | | | |
| 1. GP/Doctor : \_\_\_\_\_\_\_\_\_\_\_\_----------\_\_\_\_\_ | | | Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Address: | | | Phone (landline) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Please tick: I have read the completed application form and I support this application. | |

|  |  |
| --- | --- |
| 2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | Phone (landline) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |
|  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please tick: I have read the completed application form and I support this application. | |

|  |
| --- |
| Has the applicant explored, accessed and exhausted all other funding options, including Work & Income entitlements or advances? Yes/No (Please circle) |
| If No, please outline why not. |
|  |
| If the applicant is repaying money to Work and Income, please state or provide Work and Income Benefit summary letter or Benefit and Debt summary printouts from their MyMSD: If none please indicate this $0  How much is owed? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly repayments of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Please provide a budget sheet signed by a budget advisor. Or, say why this can’t be provided and complete Part 4 and Part 5 instead.** | | |
| Please outline why a budget sheet signed by a budget advisor cannot be provided here. | | |
|  | | |
|  | | |
| **PART 4:** | **Number of family members and Weekly household income** | |
| Number of people in the household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ages of any children or dependents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1.Total weekly Salary/Wages and other earnings from all household members:   $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 2. Total weekly Work & Income support from all household members:   $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TOTAL Weekly Household income from all household members $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |
| --- | --- | --- |
| **PART 5:** | **Weekly household expenses** | |
| 1. Rent/Mortgage $ | | 2. Food $ |
| 3. Phone, mobile $ | | 4. Power $ |
| 5. Debts or loyalty payments $ | | 6. Car expenses, fuel $ |
| 7. Other expenses: $ | | |
| TOTAL Weekly Household expenses $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |
| --- | --- |
| **PART 6:** | **Please tell us about your application for help with a domestic/financial crisis.** |
| Applications are strictly confidential, so please tell us about the circumstances (eg domestic, financial, work related) that have led to you making this application. These explanations and details are important to assist the Fifeshire Foundation Trustees and the MSCT consider your application. | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| I, (*Full name of Applicant)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *confirm that I have explored, accessed and exhausted all other funding options, have included all supporting documents and declare that the information I have provided is true and correct to the best of my knowledge.*  *Signed:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |