



The Lions Clubs New Zealand
Child Mobility Foundation

GRANT APPLICATION FORM

Child's Name:	
Date of Birth:	
Gender:	
Parent/Care Giver's Name:	
Address:	
Post Code:	
Phone / Land line:	
Phone / Mobile:	
Email:	

Please circle

Yes / No	I/We consent to our contact details being forwarded to the Coordinator of NZ Lions Children's Mobility Foundation and allocation to Lions directly involved in assisting with funding for the requested mobility equipment.
Yes / No	I/We understand that I/we may be asked to assist with promotional and fundraising activities related to funding the requested mobility equipment
Yes / No	I / We understand that where there is suitable used equipment available that meets the mobility needs we may be allocated this equipment
Yes / No	I/ We understand that the equipment will be returned to be re-issued through the Lions Children's Mobility Clinic when no longer required by my/our child.
Yes / No	I am/We are able to contribute \$ towards the total cost of the mobility equipment
Yes / No	HART WALKER ONLY I am / We are aware that ongoing attendance at clinics is necessary for maintenance and growth development adjustments. Clinic fees are \$
Signed (Parent/guardian)	
Date:	

All personal information that you give us will be kept confidential as required under the Privacy Act 1993.
Personal information will only be used for the purpose for which it was given.

Equipment Description:	
Total Cost of Equipment:	\$ <i>Please attach an official quote from equipment supplier</i>
Amount of funding assistance required:	\$
Name of Therapist:	
Signature of Therapist:	
Date:	
Phone:	
Email:	
Address:	
Organisation:	
Brief description of benefits to the child:	

Return form to :

Genny Hanning, MD Coordinator
Lions Clubs Child Mobility Foundation (CMF)
 194 Main South Rd
 Green Island
 Dunedin 9018
 027 200 0510 (Text only please, no voice reception)
gennyhann@gmail.com