

RATIONALE

Please describe how the item(s) requested support independence, participation and/or social inclusion of the recipient and/or their family (250 words or less).

Please note: Some items require a support letter from a therapist/clinician. View a list of the items at www.therapyfocus.org.au/give/apply. You can also request a copy by calling 1300 135 373.

QUOTES

At least one quote is required for all items. Two quotes are required for items over \$2000. Quotes must be issued by the supplier and state the total funds requested.

Item:

Cost: \$

Supplier:

Item:

Cost: \$

Supplier:

- I agree to take part in publicity (i.e. news article and photo) should this application be successful.
NB: The outcome of your application is not dependent on consent being provided.
- I agree to be placed on Therapy Focus' volunteer mailing list to inform me of possible volunteer opportunities.
NB: The outcome of your application is not dependent on support being provided.

PRIVACY STATEMENT

Therapy Focus collects your personal information for the purpose of assessing your application only. Your personal details will only be viewed by those who require the information and no information will be shared with external sources without your consent.

I have read and agree to the [GIVE Program Terms & Conditions](#).

I verify that the information in this application is accurate and the purpose described is legitimate.

Applicant signature: _____ Date: _____

If applying on behalf of the recipient and/or their family:

- I have secured consent from the stated recipient or their parent/guardian/carer to apply.