

Application form

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

The families foundation committee assess grant applications against the following set criteria:

- Applicants must be a member of rt health or have some form of connection with the transport or energy industries;
- Assistance will only be granted to Australians who can demonstrate that they are in great need;
- Grants will only be offered for health-related cases and where medical evidence is provided;
- Our focus is on individuals and families, and we are unable to provide 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) is to be submitted when lodging your application;
- Grant applications for modifications must include a fully itemised quote from a licensed tradesperson or company.
- Applicants must inform the foundation as to whether the applicant has received funding or assistance from other charities or organisations;
- Invoice must be submitted to us within 6 months of your grant approval.

Generally, the families foundation does not donate or lend money. Rather, we assist with the purchase of items or equipment the applicants may need, such as required medical equipment. The families foundation will not cover out of pocket costs for procedures, experimental treatments or equipment/aides which do not provide any proven medical benefit.

Privacy

Your privacy is important to us and we respect the fact that everyone has a right to privacy.

This statement explains your privacy rights with our obligation and rights in relation to the collection and 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 be unable to process or approve your application.

At any time, you may request access to the information you have provided to the foundation and 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 and 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 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 group for the sole purpose of publicizing the existence and role of families 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 families foundation?

I am a member of rt health

☐

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 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 medical evidence of the applicant's health condition.
 - I understand that the families foundation will not issue me a cash grant or cover purchase, repairs or enhancements to properties or facilities that may be considered as a financial gain.
 - I declare that I have read and understood the above mentioned privacy statement outlined in this application form and I consent to the collection, use and disclosure of personal information in accordance with the privacy statement.
 - If required, I will provide further information to support my application and I understand that if I do not, my application may be rejected.
- ☐ If my grant request is approved, I consent to families foundation using all information relating to the grant for reporting and audit purposes such as Annual General Meeting (AGM) or reporting to external organisations associated with families foundation and/or rt group and for publicizing the families foundation to members of rt health.

Signature of Applicant

X

Date:

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