

Full Application: Arthur Marsden Whiting's Sympathy Fund Form Preview

Privacy Statement

Equity Trustees Limited, Equity Trustees Superannuation Limited, and Equity Trustees Wealth Services Limited ('the EQT Group') are committed to protecting your privacy and supporting the Australian Privacy Principles under the Privacy Act 1988 (Cth).

Our Privacy Statement is available [here](#) and is intended to inform you about the following:

- the type of personal information that we collect;
- the manner in which we collect your personal information;
- the main purposes for which we use that information;
- how you can access, correct or update any personal information that we hold about you; and
- how we keep the information secure.

Before submitting your application, please ensure you have read [Equity Trustees' Privacy Statement](#).

If this Grant Application is successful, Equity Trustees may make public your project description, the name of your organisation and the grant amount awarded to you.

Instructions

Arthur Marsden Whiting Sympathy Fund Application

The following documents must be provided with your online application:

1. Medical Form: completed by a recognised medical practitioner and occupational therapist / allied health practitioner (including their mailing and email address and contact telephone number).

2. Supporting Letter: from the applicant's occupational therapist / allied health practitioner, giving further details regarding the applicant's circumstances and need for funding. The supporting letter should state the following:

- Level of mobility – independent / uses mobility aids e.g. walking frame / dependent on wheelchair use.
- Functional ability for self-care activities (eating, dressing, bathing, toileting) – independent / needs some assistance from others / dependent on 1:1 support)

3. An exact quote: from the preferred supplier

4. One of the following:

- Copy of your Centrelink Carer Payment card (not Carer Allowance), Disability Support Pension or Aged Pension card; or
- Completion of the financial information section on the online application form.

1. Completing your Form

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Form Preview

You may fill in the form in any order you choose. Move between the pages of the form using the Form Navigation menu at the right of screen. Or, click the Next Page and Previous Page buttons at the top or bottom of the page.

2. Completing your Form in a group/team

You can share your applicant login details to allow colleagues to work on a form with you. However, avoid editing the form at the same time as somebody else.

3. Saving your draft Form and returning later

Your form is automatically saved each time you move between pages. You can also click the Save button at the top of the page, which you should do when logging out or leaving the computer for an extended period. Your saved form will be available for you to continue next time you log in.

4. Submitting your Form

To submit your form, you must click the Submit button on the final Review page of the form.

Your form will not submit if: - You have failed to answer any compulsory questions. - You have exceeded any word limits. - You have entered any other invalid data (such as an invalid ABN).

5. Form submission confirmation

After submitting you will receive a confirmation email including a PDF copy of your form. If you do not receive this email, contact Equity Trustees to confirm we have received your form.

Further Support

Technical Support or Questions about Eligibility and Guidelines

Please email Equity Trustees at charities@eqt.com.au, quoting your application number if applicable.

Contact Details

* indicates a required field

Applicant (person with a disability)

Full Name *

First Name

Last Name

Postal Address *

Address

Suburb State Postcode

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Home Phone**Mobile Number ***

Must be a valid phone number.

Email Address ***Date of Birth ***

Must be a date.

Protestant *

- ☐ Yes
☐ No

Sex *

- ☐ Male
☐ Female

No more than 1 choice may be selected.

Number of dependents *

Must be a number.

Age of dependents (if applicable)

Nominee or Legal Guardian (if applicant is under 18 years of age or subject to a Guardianship Order)

Full name

First Name

Last Name

Address

Address

Phone number

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Email address

Must be an email address.

Relationship to applicant

Protestant

☐ Yes

☐ No

No more than 1 choice may be selected.

Assistance Details

* indicates a required field

Important: If you draft your application in Microsoft Word and then paste your answers into this form, we would appreciate if you could avoid using Word's automated bullets and numbered lists. These cause formatting issues when we print your application for assessment.

If possible, please switch off Word's auto-formatting options for lists. You can then manually type numbered lists, or use asterisks * or hyphens - in the place of bullets.

Assistance required (please provide exact details) *

Total cost of item/purchase *

Must be a dollar amount.

SWEP contribution and other confirmed funding for item/purchase *

Must be a dollar amount.

Personal contribution to item/purchase *

Must be a dollar amount.

Funding unconfirmed for item/purchase *

Must be a dollar amount.

Amount requested from this Fund for item/purchase *

Must be a dollar amount.

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Preferred supplier *

Address of preferred supplier *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Source of unconfirmed funding *

Supporting Documents

Medical form: To locate and download the medical form, please visit the Arthur Marsden Whiting Sympathy Fund on the Equity Trustees website. For assistance, please contact charities@eqt.com.au.

Supporting letter: from the applicant's occupational therapist / allied health practitioner, giving further details regarding the applicant's circumstances and need for funding. The supporting letter should state the following:

- 1.Level of mobility – independent / uses mobility aids e.g. walking frame / dependent on wheelchair use.
- 2.Functional ability for self-care activities (eating, dressing, bathing, toileting) – independent / needs some assistance from others / dependent on 1:1 support).

Exact quote: from the preferred supplier

Financial: a copy of your Centrelink Carer Payment card (not Carer Allowance), Disability Support Pension or Aged Pension card; or complete the financial information page of this online application form.

Attach medical form *

Attach a file:

Attach supporting letter *

Attach a file:

Quote from supplier *

Attach a file:

Centrelink Carer Payment card (not Carer Allowance), Disability Support Pension or Aged Pension card (if applicable)

Attach a file:

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Financial Information

Please note this section is only to be filled in if you do not have a Centerlink Carer Payment Card or are not receiving a Disability Support Pension.

Please state the combined figure if the applicant is in a legally recognised relationship.

Parent's details are to be supplied if applicant is a minor.

Gross annual income

Please itemise applicant's gross annual income and source. For example, pension, wages, interest, TAC payment and compensation.

Income item	\$
	\$

Other Income Sources

Total value of property

\$

Must be a dollar amount.

Total value of investments

\$

Must be a dollar amount.

Major Fixed Expenses

Please itemise applicant's major fixed expenses. For example; mortgage, rent and loan repayments.

Expenditure item	\$
	\$

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Other Expenses

Please note any other significant costs and expenses, such as other children/dependents.

Why are you not eligible for the Carer Payment or Disability Support Pension?

One more step ...

* indicates a required field

YOU MUST FOLLOW THESE STEPS TO SUBMIT YOUR FORM

1. Click the "Review" button at the top right of this form.
2. If necessary, review your answers.

Important: Form submission is **final**. You cannot make changes to your form after it has been submitted.

3. When ready to submit, click the "Submit" button at the top right of the form.
4. Shortly after submitting you will receive a confirmation email including a PDF copy of your form.

Important: If you do not receive this confirmation email, your form may have failed to submit. Please check your spam mail folder, or contact Equity Trustees at charities@eqt.com.au to confirm we have received your form.

Are you having trouble submitting?

If you have any questions regarding the submission of your form, please refer to the help contact details on Page 1 of the form.

Certification

By lodging this application: • I certify that to the best of my knowledge the statements made in this Grant Application and supporting documents are true. • I consent to the information contained within this Grant Application being disclosed to or by Equity Trustees for the purpose of assessing, administering and monitoring this and any future Grant Applications. • I understand that if Equity Trustees approves this Grant Application, my organisation will be bound by the contents of this Grant Application to carry out the project as described herein and in accordance with the grant conditions, timeline for completion and reporting requirements as set out in Equity Trustee's Letter of Approval to the successful applicant.*

Authorised Representative Name *

Authorised Representative Position / Title *