

Guidelines

1. Grant Applications may be made on behalf of a child (or children) up to and including the age of 18 who are sick, disadvantaged or living with a disability. They must be living in the Northern Territory (NT) and have either permanent residency, temporary residency (refugee) or Australian Citizenship.

2. The following information must be attached to each application:

- Current financial information from the child's family. This must include copies of payslips and/or Centrelink Income Statements. Documents must be less than 3 months old.
- A quote for each piece of equipment. The quote must be less than three months old and **include freight charges + GST**, if applicable. The equipment quoted should be new, have full warranty and include after-sales service (where applicable). Variety NT may seek other quotes and local suppliers are preferred. When all other things are equal, Variety NT will consider approving the cheaper of the quotes presented. Variety NT reserves the right to use its preferred suppliers.
- A copy of any application submitted to the National Disability Insurance System (NDIS) for the requested equipment and any response from the NDIS. If the NDIS does not provide funding for the requested item, please include written confirmation e.g. a copy of their refusal to fund.
- A supporting letter from a relevant professional source. The letter can be from a medical professional such as a GP or Pediatrician, an allied health professional such as a Speech Pathologist or Occupational Therapist or other professional people such as a Social Worker or teacher. The letter should include information relating to:
 - the child's diagnosis (or lack of diagnosis)
 - the child's prognosis, their symptoms and the effects of their diagnosis on the quality of life of the child and their family
 - how the recommended equipment is beneficial to the child
 - evidence of a trial of the equipment
 - an indication of the urgency of the grant

3. Once a grant is approved:

- Successful applicants cannot reapply within the same Variety NT program category (Freedom Program, Future Kids Program or Caring for Kids Program) for a fixed period of 12 months. NOTE: Variety NT assigns each grant application to the relevant program category and notes when it is processed.
- Variety NT's preferred payment approach is on invoice with payment made directly to the supplier. Reimbursements are made at the discretion of Variety NT.
- Once the equipment has been delivered, ownership is transferred directly from the supplier to the child's family.
- The money granted by Variety NT cannot be transferred to another piece of equipment without the prior consent of Variety NT. If the equipment granted is no longer suitable or required before it is purchased, successful applicants must advise Variety NT promptly. The grant will be cancelled. A new application may be submitted immediately.
- When the equipment is no longer necessary for the child, and providing it is still in good order, Variety NT asks that the parent/guardian approach their medical or allied professional (possibly the referee for the original grant application) about giving the equipment to another suitable recipient.

NT Individual Grant Application 20232024

Form Preview

4 The following types of applications will NOT be considered:

- Ongoing funding, such as repairs or maintenance of equipment
- Therapy and rehabilitation (Applications for therapy are at the discretion of Variety NT.)
- Research
- Carer's expenses (Applications for carer's expenses are at the discretion of Variety NT.)
- Respite
- Home alterations and other capital works, unless not having the equipment installed by the supplier will void the warranty (Applications for home alterations and other capital works are at the discretion of Variety NT.)
- General and cash donations
- Travel expenses (Applications for travel expenses are at the discretion of Variety NT.)
- Vehicle purchase for individuals or families (Variety NT will consider partial or joint funding of vehicles for organisations e.g. through our Sunshine Coach program.)
- Items covered under the NDIS.

5 All grants will be considered on a case-by-case basis.

Contact Details

* indicates a required field

Child's Details

Child's Name *

First Name

Last Name

Is this child an Australian Resident or Citizen? *

- Yes
 No

If no, please provide details of residency status

Is this child of Aboriginal or Torres Strait Islander origin? *

- Yes
 No

Child's Age *

Child's Date of Birth *

Child's Gender *

- Female
 Male

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Description of disability or disadvantage *

Parent/Guardian's Details

Parent/Guardian 1 *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian 2

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to Child *

- Parent
- Guardian
- Foster Carer
- Grandparent

Residential Address *

Address

Suburb State Postcode

Home Number

Parent/Guardian 1 Mobile Number

Parent/Guardian 2 Mobile Number

Email

Number of Dependents (under 18 years) *

Ages of Dependents *

Is either Parent/Guardian currently receiving Centrelink payments? *

- Yes
- No

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**Is either Parent/
Guardian currently
employed? ***

- Yes
 No

Details of Request

* indicates a required field

**Details of equipment
requested and how the
equipment will be used ***

**How many children will
benefit from this grant?

**Total Amount Required
for the Item/s Requested
incl freight and GST ***

\$
Must be a dollar amount

**Amount Requested from
Variety incl freight &
GST ***

\$
Must be a whole dollar amount

**Are you able to
make any financial
contribution to this
application? ***

- Yes
 No

**If yes, how much are you
able to contribute?**

\$

**Please Attach Quote (1)
incl Freight & GST ***

Attach a file:

Must be dated within 3-months

**Number of years the
equipment will last ***

**Name of Preferred
Supplier ***

Organisation Name

Financial Details

* indicates a required field

Centrelink Payments

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**Parent/Guardian 1
Government Payment
(per fortnight) ***

\$
Must be a dollar amount

**Please attach Parent/
Guardian 1 Centrelink
'Income Statement' ***

Attach a file:

Must be dated within 3-months

**Parent/Guardian 2
Government Payment
(per fortnight)**

\$
Must be a dollar amount

**Please attach Parent/
Guardian 2 Centrelink
'Income Statement'**

Attach a file:

Must be dated within 3-months

Income

**Parent/Guardian 1 Net
Monthly Income ***

\$
Must be a dollar amount

**Please attach Parent/
Guardian 1 Payslip ***

Attach a file:

Must be dated within 3-months

**Parent/Guardian 2 Net
Monthly Income**

\$

**Please attach Parent/
Guardian 2 Payslip**

Attach a file:

**Current Housing
Situation ***

- Rent
- Mortgage
- Own Home
- Government Assisted Housing

**Have you approached
any other sources for
financial assistance? ***

- Yes
- No

Details of other funding sources approached

Organisation/Fund	\$ Amount Requested	Outcome
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

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Can this item be funded through the NDIS or other Government funding? *

- Yes
 No provide proof below

If yes, please explain the reasons why you are applying to Variety

Please upload Government funding application (if applicable)

Attach a file:

Please upload Government funding application response (if applicable)

Attach a file:

Have you previously received assistance from Variety? *

- Yes
 No

If yes, please provide brief details

Referee Details

* indicates a required field

Referee 1

Please note that we may contact this referee to discuss your application. A referee should be a health professional who can verify the child's condition. In the case of disadvantaged children a teacher, social worker, case worker or someone can verify the child's circumstances.

Referee 1 Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referee 1 Position *

Referee 1 Organisation Name *

Organisation Name

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Referee 1 Phone Number

*

Referee 1 Email *

Referee 1 Letter *

Attach a file:

Must be dated within 3-months

Consent Details

* indicates a required field

Please note that your answers will not affect the outcome of your application.

I / We give consent for Variety to generate publicity through print and electronic media, and / or request to participate in a presentation, should this application be successful. *

Yes

No

I / We would like to join Variety's mailing list, to hear all of Variety's latest news. *

Yes

No

Referral

How did you hear about Variety? *

- Variety website
- Social media (eg Facebook, Instagram etc)
- Press (eg newspaper, radio, etc)
- Referee (eg Therapist, Doctor, etc)
- Word of mouth
- School
- Other:

Privacy Collection Statement

Your privacy is respected by Variety. The personal information you provide on this form (including sensitive information about the health of the children in your care) will be used to assess your eligibility. If you do not provide the requested information, we may be unable to confirm your eligibility.

Your personal information may be provided to organisations that assist us including overseas organisations in the United States of America and elsewhere, or as required or authorised by the Privacy Act 1988 (as amended). We will not use any of your sensitive information for marketing purposes, without your prior consent.

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If you have any privacy concerns or would like to verify or correct information held about you please contact Variety NT on 08 8981 2544. Further information including how you can complain about a breach of the Australian Privacy Principles can be found in our Privacy Policy available at <http://www.variety.org.au/privacy/>.

By ticking below, you confirm that you have read and agree to Variety's guidelines.

Submission of this application to Variety does not expressly mean or imply that Variety has accepted your application. Variety is under no obligation, legal or otherwise, to process your application to a successful conclusion. Each application will be determined on its merits, and within Variety's funding guidelines. Variety is not liable for any loss or damage whatsoever upon your application being declined.

By submitting this application to Variety, you acknowledge that any and all implied terms and conditions or warranties implied by law are excluded. You acknowledge on making this application that Variety has not made any representation, or given any promise or undertaking as to the fitness of any equipment or product(s) sought to be supplied to you in pursuant to this application. It is solely for you to determine whether the equipment or product being sought is fit for its purposes. Variety may arrange for the supply and delivery of equipment or a product, but it is neither the vendor nor the supplier of any equipment or product. Accordingly, Variety will not be responsible for any direct or consequential loss or damage arising or related in any way to this application or its subject matter.

**As Parent or Guardian,
I consent to Variety
collecting the
information provided
on this form. I have
read and agree to
Variety's guidelines.
I understand that if
I do not provide the
information requested,
I may be ineligible to
receive assistance from
Variety. ***

Yes

Date

Must be a date

If you need any assistance to complete this application please contact Variety NT- (08) 8981 2544 or grants@varietynt.org.au