

## QLD Individual Grant Application 2025

### Our Values

**Equality** - We believe everyone deserves a fair go in life.

**Community** - We believe it takes a community to raise a child.

**Actions** - We believe in rolling up our sleeves and getting stuff done.

**Joy** - We believe in the importance of life and laughter.

### Disclaimer

Please note that Variety Queensland is unable to provide grants for:

- Capital Works e.g., Vehicle and home modifications, anything affixed to a building.
- Medical and health consultations
- Spas/swimming pools
- Communication devices for recreational use
- School fees
- Ongoing funding, such as repairs or maintenance of equipment
- Salaries or administration expenses
- Carer expenses o Assistance / Therapy Dogs
- Respite o Research
- Vehicles for individuals / families
- Travel expenses o General and cash donations
- eBikes and eScooters

### Eligibility

- The child you are applying for must reside in QLD.
- The child you are applying for must be aged 0-17
- The child you are applying for must be affected by financial hardship or disadvantage and may also have a long-term health condition or disability.
- **The equipment you're seeking funding for must not be available via government funding (including NDIS) or alternative sources.**

## Grant Applicant Details

\* indicates a required field

# Individual Application Form 2025

## Form Preview

This application is for Queensland residents only.

Please read the [guidelines](#) before starting an application.

If you are unsure if your request meets our guidelines, please contact our Kids Support Team on [kidssupport@varietyqld.org.au](mailto:kidssupport@varietyqld.org.au) or 07 3907 9300.

### Child's Details \*

First Name

Last Name

### Child's Date of Birth \*

Must be a date

### Child's Age \*

Must be a whole number (no decimal place) and no more than 17.  
Must be a whole number

### Child's Gender \*

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say

### Child's Home Address \*

Address

  

Suburb State Postcode

Must be an Australian post code

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

- ☐ Yes
- ☐ No

### Is this child an Australian Citizen? \*

- ☐ Yes
- ☐ No

If no, please provide  
details of residency  
status \*

Description of Child's Diagnosis, Condition or Disadvantage

# Individual Application Form 2025

## Form Preview

**Important Note: These must be formally diagnosed and must be confirmed in the child's supporting letter(s).**

### Parent or Guardian 1 Details

**Are you a single parent household?**

- ☐ Yes  
☐ No

**Name \***

Title	First Name	Last Name
<div></div>	<div></div>	<div></div>

**Relationship to Applicant \***

eg Mother

**Parent 1 Mobile Phone Number**

Must be an Australian phone number

**Parent 1 Other Phone Number**

Must be an Australian phone number inc area code

**Parent 1 Email \***

If address is different to applicant please complete

**Parent 1 Home Address**

Address

Suburb	State	Postcode
<div></div>	<div></div>	<div></div>

Must be an Australian post code

### Parent or Guardian 2 Details

**Name**

Title	First Name	Last Name
<div></div>	<div></div>	<div></div>

**Relationship to Applicant**

# Individual Application Form 2025

## Form Preview

**Relationship to Parent 1**

**Parent 2 Mobile Phone Number**

**Parent 2 Other Phone Number**

**Parent 2 Email**

If address is different to applicant and Parent 1 please complete

**Parent 2 Home Address**

Address

Suburb State Postcode

Must be an Australian post code

**Dependants**

**Number of Dependents (under 18 years) \***

**Ages of Dependents \***

**NDIS Information**

• **Does your child currently have an NDIS plan? \***

- ☐ Yes
- ☐ No
- ☐ Awaiting planning meeting
- ☐ Not eligible for NDIS

For more information on NDIS visit <https://www.ndis.gov.au/>

**Has the equipment been requested through NDIS? \***

- ☐ Yes
- ☐ No
- ☐ Declined - NDIS do not fund
- ☐ Declined - lack of funding/not in plan
- ☐ Partial funding / requesting gap
- ☐ Awaiting decision - urgent request

**Please upload your child's current NDIS plan**

Attach a file:

# Individual Application Form 2025

## Form Preview

### Funding Request

\* indicates a required field

#### Equipment Required \*

#### Details of how equipment will be used.

\*

Must be no more than 100 words

**This application will be reviewed by our Grants Committee, please share any additional information about the child or family's situation, to be considered by the Committee.**

Must be no more than 100 words

#### Total Equipment Cost \*

Must be a dollar amount

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

- ☐ Yes  
☐ No

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

Must be a dollar amount

**Have you secured funding from other sources? \***

- ☐ Yes  
☐ No

Funding secured from other sources

# Individual Application Form 2025

## Form Preview

Please list other funding sources you have applied for funding from. If they are unable to help, please put \$0 in the amount column. If you have not yet had a response, please leave figure blank.

### Organisation

\$

	\$
	\$

### Amount Requested from Variety (ex GST) \*

\$

What is the total financial support you are requesting in this application?

### Number of years equipment will last \*

Must be number

### How many children will benefit from this grant? \*

Must be a number

### Previous Assistance From Variety

### Have you previously received assistance from Variety? \*

- ☐ Yes  
☐ No

### Equipment Details

### Date (year only is fine)

### Application Reference (if known)


## Supplier Details

\* indicates a required field

Please provide three quotes, unless there is only one manufacturer.

### Quote 1 \*

Attach a file:

### Quote 2

Attach a file:

### Quote 3

Attach a file:

# Individual Application Form 2025

## Form Preview

### Preferred Supplier

**Supplier \***

Organisation Name

**Supplier Primary Address \***

Address

Suburb State Postcode

**Supplier Primary Phone Number \***

**Supplier Primary Email \***

**Supplier Primary Website**

## Finance Details

\* indicates a required field

### Parent/Guardian 1 Employment

Tick yes if receiving any income excluding any Centrelink/Government assistance.

**Is Parent or Guardian currently employed? \***

☐ Yes

☐ No

**Parent/Guardian 1 income \***

**Attach payslip \***

Attach a file:

### Parent 2 Employment

Tick yes if receiving any income excluding any Centrelink/Government assistance.

# Individual Application Form 2025

## Form Preview

**Is Parent/Guardian 2 currently employed? \***

- ☐ Yes  
☐ No  
☐ N/A

**Parent/Guardian 2 income \***

\$

**Attach Payslip \***

Attach a file:

### Centrelink Details

**Does either parent/guardian receive any Government/Centrelink assistance? \***

- ☐ Yes  
☐ No

Please include all Government/Centrelink funds received for the past 12 months.

You can download your own Centrelink Income Statement if you have your online log-ins

<http://www.humanservices.gov.au/customer/enablers/online-services/guides/request-a-document-centrelink-online>

**Amount received \***

\$

**Centrelink Income Statement \***

Attach a file:

### Financial Considerations

**Please advise your current housing situation \***

- ☐ Renting  
☐ Mortgage  
☐ Government housing assistance  
☐ Other

**Please list any extraordinary expenses if relevant. For example high power bills, extreme rental costs, medical supplies required or equipment that is not NDIS funded.**



# Individual Application Form 2025

## Form Preview

### Recommendations and Support

\* indicates a required field

Referee's must be relevant professionals with at least 1 in the medical field. Refer to the FAQ for more information.

To attach more than 2 reference letters please email additional letters to [kidssupport@varietyqld.org.au](mailto:kidssupport@varietyqld.org.au) and supply your grants reference number.

Please note, Variety Queensland may contact your referees to discuss this application.

#### Referee Details 1

**Referee Name \***

Title

First Name

Last Name

**Referee Title/Position \***

**Organisation/Company**

Organisation Name

**Referee Office Address \***

Address

Suburb

State

Postcode

Must be an Australian post code

**Referee Office Phone Number \***

**Referee Mobile Phone Number**

**Referee Primary Email**

**Reference Letter \***

Attach a file:

**Send a copy of the decision letter to Referee 1?**

- ☐ Yes  
☐ No

#### Referee Details 2

# Individual Application Form 2025

## Form Preview

**Referee Name \***

Title

First Name

Last Name

**Referee Title/Position \***

**Organisation/Company**

Organisation Name

**Referee Office Address \***

Address

Suburb

State

Postcode

**Referee Office Phone Number \***

**Referee Mobile Phone Number**

**Referee Office Email**

**Reference Letter \***

Attach a file:

**Send a copy of decision letter to Referee 2?**

☐ Yes

☐ No

**Additional Information or Referee Letters**

Attach a file:

## Submission

\* indicates a required field

### Check List

To avoid delays or a rejected application, please ensure you have submitted all the required documentation.

If you are unsure or have any questions please contact the Kids Support Team at Variety Queensland [kidssupport@varietyqld.org.au](mailto:kidssupport@varietyqld.org.au) or 07 3907 9300

**Have you attached the following;**

# Individual Application Form 2025

## Form Preview

- ☐ Two professional referee letters
- ☐ Proof of Income (Centrelink and/or payslips)
- ☐ Quote/s

### Consent Details

Please note that your answer has no bearing on 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

### 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:

**Do you know a Variety event participant?**

- ☐ Yes
- ☐ No

Do you know anyone who has participated in a Variety Event eg. Bash. Please note that your answer has no bearing on the outcome of your application.

**Participant Name**

### Application Contact

**Primary Contact for Application \***

### Application Contact Details

**Name \***

Title

First Name

Last Name

# Individual Application Form 2025

## Form Preview

**Address \***

Address

  

Suburb State Postcode

**Phone Number \***

**Email \***

**Relationship to Applicant \***

## Privacy Collection Statement

Your privacy is respected by Variety. The personal information you provide on this form (including sensitive information about your health) will be used to assess your eligibility. It may be provided to organisations that assist us, or as required or authorised by law, but we will not use any of your sensitive information for marketing purposes, without your prior consent.

If you have any privacy concerns or would like to verify information held about you please contact Variety Queensland on 07 3907 9300. 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 forwarding 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