

Individual Application Form 2025

Form Preview

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

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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 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

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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Must be an Australian post code

Parent or Guardian 2 Details

Name

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

Relationship to Applicant

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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:

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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

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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:

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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.

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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.

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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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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Referee Name *

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

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 or 07 3907 9300

Have you attached the following;

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- 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

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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