

# 2024 Individual Funding Form Preview

## Applicant Details

\* indicates a required field

This application is for Victorian residents only.

Variety Victoria provides assistance towards the purchase of mobility equipment, communication devices and essential medical and health equipment to support children who have a medically diagnosed chronic illness or disability.

### You are eligible to apply for a personal grant provided that:

The beneficiary:

- - is a resident in Victoria
  - is aged 17 or under as at the round closing date (has not turned 18)
  - has a disability or long-term health condition as recognised by a designated health professional
- The family household income is below \$200,000 per annum (this includes child support payments, rental income, investment income or any other income that is received by any parent/carer who is financially responsible for the

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

If you are unsure if your request meets our guidelines please contact the Kids Support team [kidssupport@varietyvic.org.au](mailto:kidssupport@varietyvic.org.au) or 03 8698 3900

### Child's Details \*

First Name

Last Name

### Child's Residential Address \*

Address

  

Suburb State Postcode

Must be an Australian post code

### Child's Date of Birth \*

Must be a date

### Child's Age \*

Must be a whole number

### What gender does the child identify as? \*

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- Female
- Male
- Non-binary
- Prefer not to answer

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

- Yes
- No

**What is the child's residency status? \***

- Australian Citizen
- Permanent Resident
- Temporary Resident
- Refugee
- Asylum Seeker

**Is this child a Victorian resident? \***

- Yes
- No

**Do you live in or have you been directly affected by natural disasters? \***

- Yes
- No

**Main language spoken at home \***

**Is the child enrolled in a school? \***

- Yes
- No

**Name of School**

**Please explain how you have been affected by a natural disaster**

**If no, please provide  
child's usual address \***

**Type of disability: \***

- Physical
- Intellectual/Cognitive

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- Sensory/Neurodivergent
- Psychological/Social/Emotional
- Chronic Illness
- Other:

You may select more than one choice

## Child's diagnosis / description of disability

## Additional Information

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

Word count:

Must be no more than 200 words.

## Funding Request

\* indicates a required field

The applicant may only apply for one item as part of their grant request. This must be directly related to the child's diagnosis and supported by a GP or allied health professional (please see 'Documentation' below). The item listed on the application will form the basis of the grant and if successful, cannot be amended after the approval date. Examples of grant requests are, but not limited to:

- FREEDOM - mobility equipment
  - Special needs strollers and pushchairs
  - Wheelchairs - powered/electric/manual/sports (must be assessed, prescribed, and trialled by a licensed OT)
  - Bikes - including modified bikes, trikes and scooters
  - Carrot Car Seats
  - Hi-Lo chairs
  - Gait trainers, walkers and standers
  - Assistance dogs. Assistance dogs will only be considered if they help to give mobility and independence for children living with a Therapy dogs, minddogs, mental health dogs, psychiatric assistance dogs, and emotional support animals will not be approved.
    - Applicant must have been approved for an assistance dog by an accredited assistance dog provider.

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- FUTURE – provides children with an intellectual or physical disability access to equipment
  - Communication devices including iPads
  - Learning aids
  - Sports Wheelchair
- CARING – helps families care for their seriously ill children at home
  - Nebulisers
  - Insulin pumps
  - Robotic feeders
  - Specialised beds and mattresses
  - Sensory equipment (must be prescribed by an OT)
- WIGS – applications are through Variety NSW. [org.au/wigs](http://org.au/wigs)

## Grants we will not fund:

Services or equipment not directly related to a child’s special/extra needs and which are not deemed medically/developmentally necessary

- Travel expenses – including public transport and petrol
- Warranties, insurance, maintenance, service agreements, batteries, repairs
- Administrative fees or operational costs
- Sports equipment that is non-adaptive or not sure support special needs
- Expenses that have already been initiated or have already occurred prior to submission or written approval
- Incomplete application forms
- Equipment from non-Australian distributors that cannot be invoiced directly to Variety or services outside Australia
- Capital works
- Installation costs
- Cars, car modifications or e-bikes

**Are you applying for an Assistance Dog? \***

- Yes  
 No

If Yes, an additional section will open up for further information

**Requested equipment \***

**Details of the equipment, how equipment will be used, benefit to the child and expected outcomes \***

Word count:

**Total Equipment Cost (ex GST) \***

Must be a dollar amount

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**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

**Does the child have an NDIS plan? \***

- Yes
- Waiting for Approval
- Awaiting planning meeting
- Not eligible for NDIS

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

***Please name all file uploads to include your grant application number.***

**Please attach a copy of child's NDIS plan \***

Attach a file:

A minimum of 1 file must be attached.

***Please name all file uploads to include your grant application number.***

**Has the requested item been applied for with NDIS? \***

- Declined - NDIS do not fund
- Declined - lack of funding/not in plan
- Partial funding, requesting gap
- Awaiting decision - urgent request

**Please attach NDIS evidence for declined, partial funding or expected waiting period**

Attach a file:

**Has the child received funding from anywhere else for the requested item? E.g.: fundraising, government funding, another charitable organisation etc. \***

- 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 expected to last**

**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)

**ASSISTANCE DOGS ONLY** - this section must be completed if you are applying for an Assistance Dog.

Assistance dogs will only be considered if they help to give mobility and independence for children living with a disability. Therapy dogs, minddogs, mental health dogs, psychiatric assistance dogs, and emotional support animals will not be approved.

**Who is your registered Assistance Dog provider?**

- Assistance Dogs Australia  
 Smart Pups  
 Dogs for Life (CSTDA)  
 Righteous Pups

If Other, please provide details

**Date you were accepted by the registered Assistance Dog provider?**

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Must be a date.

**Is your house and yard suitable for an Assistance Dog (including a safe toileting area, strong fencing and indoor access)?**

- Yes
- No
- Other:

If Other, please provide details

**Are you financially able to provide the upkeep costs for your Assistance Dog, including food and veterinary care, for 10-15 years?**

- Yes
- No
- Other:

If Other, please provide details

**Are you willing to undertake the ongoing training, accreditation, socialization and care the Assistance Dog will require?**

- Yes
- No
- Other

If Other, please provide details

## Family Details

\* indicates a required field

**Are two parents/carers responsible for the child? \***

- Yes
- No

**Do both parents/carers live in the same household as the child? \***

- Yes
- No

Parent/Carer 1

**Name \***

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

**Relationship to child \***

**Parent/Carer 1 Mobile  
Phone Number \***

Must be an Australian phone number

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**Parent/Carer 1 Other  
Phone Number**

Must be an Australian phone number inc area code

**Parent/Carer 1 Email \***

Must be an email address

**Current Housing  
Situation**

- Rent
- Mortgage
- Own Home
- Government Assisted Housing

**Does Parent/Carer 1  
reside with the child**

- Yes
- No

**Parent/Guardian 1 Primary Address**

Address

  

**Parent/Carer 2**

**Name**

Title

First Name

Last Name

**Relationship to child**

**Relationship to Parent/  
Carer 1**

**Parent/Carer 2 Mobile  
Phone Number**

Must be an Australian phone number

**Parent/Carer 2 Other  
Phone Number**

Must be an Australian phone number

**Parent/Carer 2 Email**

Must be an email address

**Parent/Carer 2 Address**

Address



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## Other Details

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

Including the child you are applying for funding in this application.

**Ages of Dependents \***

Separated by spaces

**Other than the applicant, how many household members have a recognised disability?**

## Finance Details

\* indicates a required field

### Parent/Carer 1 Employment

**Parent/Carer 1 employment status \***

- Employed (full time, part time or casual)
- Employed plus receiving Centrelink
- Self Employed
- Unemployed

**Please upload your most recent ATO Income Statement \***

Attach a file:

A minimum of 1 file must be attached.  
Income statement is available through MyGov or ATO

***Please name all file uploads to include your grant application number.***

**Parent/Carer 1 annual income \***

\$

Yearly gross (pre tax) amount

**Attach payslip \***

Attach a file:

A minimum of 1 file must be attached.

***Please name all file uploads to include your grant application number.***

**Parent/Carer 1 annual income \***

\$

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Must be a dollar amount.

## Parent/Carer 1 Tax Return (most recent) \*

Attach a file:

A minimum of 1 file must be attached.

## ABN \*

**Please name all file uploads to include your grant application number.**

## Please attach Centrelink Activity Statement or letter of Refugee or Asylum Seeker Status \*

Attach a file:

## Parent/Carer 2 Employment

### Parent/Carer 2 employment status \*

- Employed (full time, part time or casual)
- Employed plus receiving Centrelink
- Self Employed
- Unemployed

### Please upload your most recent ATO Income Statement \*

Attach a file:

A minimum of 1 file must be attached.

Income statement is available through My Gov or ATO

**Please name all file uploads to include your grant application number.**

### Parent/Carer 2 annual income \*

Yearly gross (pre tax) amount

### Attach Payslip \*

Attach a file:

A minimum of 1 file must be attached

**Please name all file uploads to include your grant application number.**

### Parent/Carer 2 annual income \*

Must be a dollar amount.

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## Parent/Carer 2 Tax Return (most recent) \*

Attach a file:

A minimum of 1 file must be attached.

## ABN \*

**Please name all file uploads to include your grant application number.**

## Please attach Centrelink Activity Statement or letter of Refugee or Asylum Seeker Status \*

Attach a file:

A minimum of 1 file must be attached.

## Supporting Information

\* indicates a required field

Referee's must be relevant professionals. Refer to the FAQ for more information.

Please note that we may contact referees to discuss this application.

ALL references must be on LETTERHEAD and SIGNED by the referee.

**Referee 1 is a doctor** (GP, paediatrician, or medical specialist) and their letter must reference the child's diagnosis/conditions, as listed in the application

**Referee 2 is a health care professional** (occupational therapist, physiotherapist etc) and their letter must be dated within 6 months and must reference:

- 1) A description of the requested item/s and the need
- 2) How the request will support the overall care plan and benefit the child
- 3) Information regarding a trial of the requested item/s or explanation as to why a trial wasn't possible or necessary
- 4) The anticipated outcomes of receiving the equipment for child and family

**Referee 3 is from your school - for equipment to be used in a school setting** (school principal, wellbeing officer or designated representative) and should include how long they have known the child, how the request will support the child at school and the benefit to child, class and staff.

## Referee 1

**Referee 1 is a doctor** (GP, paediatrician, or medical specialist) and their letter must reference the child's diagnosis/conditions, as listed in the application

### Referee Name \*

Title

First Name

Last Name

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**Referee Title/Position \***

**Organisation/Company**

Organisation Name

**Referee Office Phone Number**

Must be between 8 and 14 characters.  
Must be an Australian phone number

**Referee Mobile Phone Number**

Must be an Australian phone number

**Referee Primary Email \***

Must be an email address

**Diagnosis document \***

Attach a file:

A minimum of 1 file must be attached. Please name all file uploads to include your grant application number.

## Referee 2

**Referee 2 is a health care professional** (occupational therapist, physiotherapist etc) and their letter must be dated within 6 months and must reference:

- 1) *A description of the requested item/s and the need*
- 2) *How the request will support the overall care plan and benefit the child*
- 3) *Information regarding a trial of the requested item/s or explanation as to why a trial wasn't possible or necessary*
- 4) *The anticipated outcomes of receiving the equipment*

**Referee Name \***

Title

First Name

Last Name

**Referee Title/Position \***

**Organisation/Company**

Organisation Name

**Referee Office Phone Number**

Must be between 8 and 14 characters.  
Must be an Australian phone number

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**Referee Mobile Phone  
Number**

Must be an Australian phone number

**Referee Primary Email \***

Must be an email address

**Supporting  
Documentation \***

Attach a file:

A minimum of 1 file must be attached which includes how the requested item will be used and how it benefits the child. Please name all file uploads to include your grant application number.

Referee 3

**Referee 3 is from your school - for equipment to be used in a school setting** (school principal, wellbeing officer or designated representative) and should include how long they have known the child, how the request will support the child at school and the benefit to child, class and staff.

**School**

**Referee 3**

Title      First Name      Last Name

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

**Referee 3 School office Phone Number**

**Referee 3 Primary Email**

Must be an email address.

**School letter**

Attach a file:

Please name all file uploads to include your grant application number.

**Have you checked the support letters address the criteria listed in our guidelines?**

\*

Yes

Please note: support letters that do not meet criteria may result in the application being ineligible.

## Supplier Details

\* indicates a required field

Please provide a minimum of 2 quotes, unless there is only one manufacturer.

Quote must be valid for the entire application process which may be up to 10 weeks after the advertised closing date.

**Please name all file uploads to include your grant application number.**

**Quote 1 \***

Attach a file:

**Quote 2 \***

Attach a file:

A minimum of 1 file must be attached.

**Quote 3**

Attach a file:

## Preferred Supplier

**Supplier \***

Organisation Name

**Supplier Primary  
Address \***

Address

  

Suburb    State    Postcode

        

Must be an Australian post code

**Supplier Primary Phone  
Number \***

Must be an Australian phone number

**Supplier Primary Email \***

Must be an email address

**Supplier Primary  
Website**

Must be a URL

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## 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 Victoria [kidssupport@varietyvic.org.au](mailto:kidssupport@varietyvic.org.au) or 03 8698 3900

#### **Have you attached the following;**

- 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

**Cerner Charitable Foundation - Parent/carer consents to Variety sharing their information with Variety's partner in the US, Oracle Health Foundation, for the purpose of securing additional funding. \***

- 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:

### Application Contact

**Primary Contact for  
Application \***

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## Application Contact Details

**Name \***

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

**Address \***

Address

  
  
Suburb State Postcode  
    
Must be an Australian post code

**Phone Number \***

  
Must be an Australian phone number

**Email \***

  
Must be an email address

**Relationship to Applicant \***

## Application Process

**How long did it take you to complete the application form?**

  
Excluding collecting the information required to complete the application form.

**Out of 10 - How easy was it to complete the application form?**

  
1 being easy and a 10 being really difficult

**Feedback on application process**

## 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.



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If you have any privacy concerns or would like to verify information held about you please contact Variety Victoria on 03 8698 3900. 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