

Variety Individual Grant 2026-27

Form Preview

APPLICANT DETAILS

* indicates a required field

BEFORE YOU START...

Please read Variety's [Grants Guidelines](#) for eligibility criteria and other helpful information.

This form must be completed by the child's parent or guardian.

Have you read Variety's Grant Guidelines? *

☐ Yes

Does your child live in Tasmania permanently? *

☐ Yes

☐ No

If your child resides in a State or Territory outside Tasmania, please visit www.variety.org.au to be redirected to your relevant State or Territory.

CHILD'S DETAILS

Child's Name *

First Name

Last Name

Child's Age *

Description of child's sickness, disability or disadvantage including formal diagnosis if applicable. *

PRIMARY CARERS DETAILS

Are you a single parent household? *

☐ Yes

☐ No

Primary Carer's name *

Title

First Name

Last Name

Primary Carer Phone Number/s *

Primary Carer Email *

Relationship to Child *

☐ Parent

☐ Guardian

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- ☐ Foster Carer
☐ Grandparent
☐ Other:

Second Carer (if applicable)

Title	First Name	Last Name

Second Carer Phone Number

Must be an Australian phone number.

Second Carer Email

Must be an email address.

Relationship to Primary Carer

- ☐ Spouse
☐ De facto
☐ Parent
☐ Grandparent
☐ Other:

Relationship to Child

- ☐ Parent
☐ Guardian
☐ Foster Carer
☐ Grandparent
☐ Other:

DEPENDENTS

Number of Dependents (under 18 years) *

Ages of Dependents *

ATTACH PROOF OF RESIDENCE

Please provide **two** copies of the below documents including your name and address.

- Copy of drivers licence
- Vehicle registration
- Recent Utility bill
- Recent Phone bill
- Rates notice or rental lease

ATTACH PROOF OF RESIDENCE *

Attach a file:

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ATTACHMENT METHOD *

- ☐ I have attached electronic copies (above); OR
☐ I have posted paper copies to the Variety Tasmania office and written my grant application number on the top right of each page to PO Box 789, Rosny Park TAS 7018

DETAILS OF REQUEST

* indicates a required field

ITEM DETAILS

What are you applying for? *

How will this benefit your child? *

If you are applying for a physical item, how long will it last for?

Variety supports children who may have no other funding options available. Applicants must demonstrate that all other available funding avenues, including government assistance, the NDIS, and relevant community support services, have been explored before seeking support from Variety.

SECTION C - COSTS

Total cost of items *

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 number.

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How much are you requesting from Variety Tasmania? *

Must be a dollar amount.
Total \$ you are requesting from Variety

Please list the items you are requesting from Variety

Cost (\$)	Item

BUDGET TOTALS

Total Amount (This must match the amount you requested in the 'Section C - Total Cost of items' above)

This number/amount is calculated.

Have you approached any other organisations for financial assistance? *

- ☐ Yes
☐ No

Attach funding application/s if applicable

Attach a file:

Can this item be funded through DECYP, NDIS or other service providers? *

- ☐ Yes
☐ No

If you answered yes to either/both question above, please provide details below

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Please upload letter from NDIS explaining why the item is not covered under the Child's support package

Attach a file:

SECTION D - ATTACH QUOTES

Please attach two quotes from suppliers.

Attach Quotes *

Attach a file:

Attach second quote *

Attach a file:

Attachment method *

- ☐ I attached electronic copies (above); OR
☐ I have posted paper copies to the Variety Tasmania office and written my grant application number on the top right of each page to PO Box 789, Rosny Park 7018

FINANCIAL DETAILS

* indicates a required field

INCOME DETAILS

Please disclose all sources of annual income and financial support available to the applicant and your household. This includes, but is not limited to, wages or salaries, government assistance payments, superannuation benefits, income from investments, and financial contributions from a spouse, partner, or other family members.

(for any question that is not applicable, please type \$0)

**Total Annual Income
From Paid Employment ***

**Total Annual
Government Assistance

**Total other form of
income, e.g. shares and
dividends, social media
income, investments or
other**

Must be a dollar amount.

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TOTAL HOUSEHOLD INCOME

Please ensure the below is your correct total annual income for your household.

Total calculated

This number/amount is calculated.

FINANCIAL CONSIDERATIONS

Current housing situation *

- ☐ Renting
☐ Mortgage
☐ Government Housing Assistance
☐ Other:

List any extraordinary expenses (if relevant)

Have you previously received assistance from Variety? *

- ☐ Yes
☐ No

If you have previously received assistance from Variety, please provide brief details

ATTACH FINANCIAL SUPPORTING DOCUMENTS

Please attach (where applicable):

- Paid employment - 3 recent payslips
- Government payments - Centrelink Statement
- Self employment - most recent ATO Notice of Assessment/tax return
- Funding applications or response letters from other organisations (if applicable)

Attach Payslips *

Attach a file:

Attach Centrelink Statement

Attach a file:

Attach Notice of Assessment/tax return (self-employed only)

Attach a file:

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Attachment method *

- ☐ I have attached electronic copies (above); OR
☐ I have posted paper copies to the Variety Tasmania office and written my grant application number on the top right of each page to PO Box 789 Rosny Park 7018

REFERRALS & SUPPORT

* indicates a required field

REFEREE 1

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

Referee 1 Name *

First Name

Last Name

Referee 1 Organisation *

Referee 1 Position *

Referee 1 Number *

Referee 1 Primary Email

REFEREE 2

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

Referee 2 Name *

First Name

Last Name

Referee 2 Organisation *

Organisation Name

Referee 2 Position: *

Referee 2 Phone Number *

Referee 2 Primary Email

ATTACH LETTERS OF SUPPORT

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Please attach two letters of support from professional organisations (e.g. a doctor, medical specialist, counsellor, therapist, child's teacher, or social worker).

**Attach Letter of Support
1 ***

Attach a file:

**Attach Letter of Support
2 ***

Attach a file:

CONSENT & PRIVACY

*** indicates a required field**

CONSENT

Variety's most successful way of raising funds for children in need is to demonstrate by way of images and personal accounts, how donations are making a positive impact on the lives of children in need. Allowing Variety to tell your story, provides its sponsors and supporters with insight into Variety's work and encourages more donations and support.

**I/We give Variety
Tasmania permission
to use information
provided for
promotional, marketing,
fundraising and
communication purposes
across print, online
and social media and
traditional marketing
platforms.**

- ☐ Yes
☐ No

**I/We would like to join
Variety Tasmania's
mailing list, to receive
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:

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CHECKLIST

Please tick boxes below to confirm all your supporting documents have been provided.

Attached *

- ☐ Proof of Residence
- ☐ Two Quotes
- ☐ Proof of Income
- ☐ Other funding applications/responses (if applicable)
- ☐ Support letters

Attachment Method *

- ☐ All supporting documents have been attached electronically to this online application
- ☐ All supporting documents have been posted to Variety Tasmania office and I have written the grant application number on the top right of each page
- ☐ Other:

PRIVACY COLLECTION STATEMENT & UNDERSTANDING

Your privacy is respected by Variety. The personal information you provide on this form (including sensitive information about 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 the Children's Charity Tasmania PO Box 789, ROSNY PARK TAS 7018 or call us on (03) 6248 4888.

Submission of the application to Variety does not expressly or impliedly mean 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 damages 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 by 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 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 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 Tasmania's
Guidelines and Privacy
Collection Statement**

☐ Yes

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& Understanding. I understand that if I do not provide the information requested, I may be ineligible to receive assistance from Variety.

Thank you

You will be notified within approximately 30 days of the outcome.