



Point Chevalier Veterans Their Families and Community Trust Grant Application Form

FOR INDIVIDUALS

Please make sure you have read our Guidance Notes and checked your eligibility before applying. If you are unsure, or have any questions about your application, please contact Auckland Foundation. You can save your progress, and come back to complete the form at any time, as long as you use the same computer/device.

If you or someone you know needs additional support, there are several services available to veterans in Aotearoa New Zealand. These include: Veterans' Affairs New Zealand...

If you need support completing this form please contact the Welfare Officer for the Pt. Chev RSA on admin@ptchevrsa.co.nz or +64 9 846 8673

General Information

Full name of applicant*

Phone*

Date of Birth*

Residential address*

Email address*

Full name of the Veteran/Service person
(if the applicant is a partner/family member)

Veteran/Service person's Date of Birth

Service the veteran belongs to.
E.g. Navy, Army, Airforce etc

Military Service number of the Service Person / Veteran

Grant Request Details

Date of Visit 1*

Date of Visit 2

Type of Expense 1*

Type of Expense 2

Amount Charged 1*

Amount Charged 2

Amount Approved 1*

Amount Approved 2

Grant Request Details

Date of Visit 3

Type of Expense 3

Amount Charged 3

Amount Approved 3

Date of Visit 4

Type of Expense 4

Amount Charged 4

Amount Approved 4

Date of Visit 5

Type of Expense 5

Amount Charged 5

Amount Approved 5

Date of Visit 6

Type of Expense 6

Amount Charged 6

Amount Approved 6

Payment of Grants

All grants are paid by direct credit into a bank account. Please complete details below and provide evidence to verify the bank account details. (Applications for services/goods will be paid directly to the supplier.)

Bank Account Name*

Full Bank Account Number*

Evidence

Please supply any evidence to support this application. Evidence is: invoices, quotes, bank statements, medical documents, referral letters.

Please attach files or images to your email response

Declaration

By submitting this form, you agree and declare * This information to be true and correct * Confirm these expenses have not been claimed from any other RSA or organisation (or insurance provider) * Information may be shared with other organisations that can assist * This form will be submitted to PT CHEV RSA Trust committee for review, if approved, payment is made direct to the provider. * We collect personal information to provide help, support and assistance to veterans and their whanau in New Zealand. You can view our privacy policy admin@ptchevrsa.co.nz

Information Sharing

By signing this application form; you consent to the Auckland Foundation sharing information with, and gathering information from, other organisations or private persons, for the purpose of assessing the application.

I certify that to the best of my knowledge the information in this application is complete and correct.*

Signature

Date

Please write the name of the person who filled out the form, if not the applicant