



The Warehouse Group Foundation

Application Form

Please ensure you have read the details regarding criteria and eligibility before completing this application form

*Name:			
*Address:	No and Street:		
	Suburb:	City/Town:	
Email:			
Home Telephone:		Mobile:	
Work location:			
*Are you applying on behalf of a family member/s who lives with you in your family home?			
	Yes		No
	If yes, please list name/s:		
Please describe what assistance you are applying for:			
Do you know the cost of the assistance you are applying for?			
	Yes		No
	If yes, please tell us the cost:		
Do you know the person or company which may provide this service?			
	Yes		No
	If yes, please give name and contact number:		
Are you eligible, or have applied elsewhere, to have the cost of this assistance covered by any other organization or government department?			
	Yes	No	Do not know
If we need to discuss your application, when is the best time to contact you?:			
*Please tick the box to confirm that the information you have given us is correct			<input type="checkbox"/>
*Date:			
Please note:			
<ul style="list-style-type: none"> We may require applicants to provide further information upon request A grant agreement will be made with all successful applicants The information you provide on this application is protected by the NZ Privacy Act and will only be shared with the Manager and Trustees of The Warehouse Group Foundation unless otherwise agreed with the applicant 			
*denotes fields which must be completed			