

APPLICATION FOR ASSISTANCE

APPLICANT (Person requiring assistance): _____

Gender: MALE / FEMALE DOB: _____

FAMILY CONTACT DETAILS

Contact Person: _____

Relationship to Applicant: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

General Practitioner/Medical Specialist:

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Disability Services Local Coordinator

Name: _____

Branch / Office: _____

Phone: _____ Email: _____

Social Worker/Therapist

Name: _____

Position: _____

Organisation: _____

Phone: _____ Email: _____

APPLICANT DETAILS

Family Place of Residence: OWN / MORTGAGE / RENT

Repayments/Rent \$ _____ (Month)

Current Family Vehicle/s:

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Brief Background of Applicant

Nature of Assistance Required

How would this assistance make a difference to your circumstances?

VEHICLE DETAILS

Wheelchair Type: Manual Power

Number of regular seated passengers (including Driver): _____

Other Requirements / Information: _____

Nominated Driver/s

Name: _____
Driver's License Number: _____
Class: _____ Expiry: _____
Relationship to Applicant: _____

Name: _____
Driver's License Number: _____
Class: _____ Expiry: _____
Relationship to Applicant: _____

Name: _____
Driver's License Number: _____
Class: _____ Expiry: _____
Relationship to Applicant: _____

REFEREES

Please provide the names of two independent referees to support your application:

Name: _____

Relationship: _____

Contact No: _____

Name: _____

Relationship: _____

Contact No: _____

SUPPORTING DOCUMENTATION

In order to assist with our Due Diligence, The Western Australian Motor Industry Foundation Inc has an obligation to verify the information included in your application.

To assist us to do so, please include all the required supporting documentation as outlined below.

Supporting Documentation required:

- Current Medical Report – including present condition and ongoing medical prognosis
- Social Worker's/Therapist Report
- Disability Services Commission Local Coordinator's Letter of Support
- Centrelink Statement / Tax Income Statement for **all adult members (over 18) in the household**
- National Police Certificate (Police Clearance) **for all nominated drivers**
- Certified Copy of Traffic Infringement Report **for all nominated drivers**
- Insurance Claim Record for motor vehicle accidents **for all nominated drivers**
- Copy of current Driver's License (both sides) **for all nominated drivers**
- Photograph of parking area of where vehicle will be parked
- Photograph of Applicant (person requiring assistance)

Failure to provide the required supporting documentation may lead to assessment of your application being delayed or rejected.

Please return this form, with the required documentation to:

Western Australian Motor Industry Foundation
PO Box 1060
BALCATTWA 6914

Or email to: info@wheelsforhope.org.au