

SECTION 2: ALL OTHER FAMILY MEMBERS DETAILS

(Please include the both parents/guardians for a child applicant)

	<u>Name</u>	<u>Date of Birth</u>	<u>Same Address</u>	<u>Relationship</u>
Parent/Guardian	_____	__/__/__	Yes/No	_____
Parent/Guardian	_____	__/__/__	Yes/No	_____
Partner/De-facto	_____	__/__/__	Yes/No	_____
Other Children				
	_____	__/__/__	Yes/No	_____
	_____	__/__/__	Yes/No	_____
	_____	__/__/__	Yes/No	_____
	_____	__/__/__	Yes/No	_____
	_____	__/__/__	Yes/No	_____

All other Family Members living at the same address

	<u>Date of Birth</u>	<u>Relationship to Applicant</u>
Name: _____	__/__/__	_____
Name: _____	__/__/__	_____
Name: _____	__/__/__	_____

Do any of the above family members have a disability or other medical conditions? (please give brief details)

2.1 CONTACT PERSON FOR APPLICATION

Name: _____ Relationship to Applicant: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Email: _____

SECTION 3: SPECIALISTS, SUPPORT AGENCIES & REFEREES

3.1 GENERAL PRACTITIONER/MEDICAL SPECIALIST:

Name: _____

Address: _____

Suburb: _____ Postcode: _____

3.2 LOCAL COORDINATOR / NDIS COORDINATOR:

Name: _____

Phone: _____ Email: _____

3.3 SOCIAL WORKER/THERAPIST

Name: _____

Position: _____

Organisation: _____

Phone: _____ Email: _____

3.4 SUPPORT AGENCY

Name: _____

Position: _____

Organisation: _____

Phone: _____ Email: _____

3.5 INDEPENDENT REFEREE

Name: _____

Relationship to Applicant _____

Address: _____ Suburb _____ Postcode _____

Phone: _____ Email: _____

SECTION 5: VEHICLE REQUIREMENTS AND DRIVERS

5.1 Number of regular seated passengers (including Driver) _____

5.2 Number of wheelchairs to be transported: _____

5.3 Number of anchor points required: _____

5.4 Any other vehicle requirements/specifications:

5.5 Nominated Driver/s

Please note: **Our Insurance allows a maximum of 3 drivers** and Support Agency staff will not be authorised to drive

Name: _____

Drivers Licence No. _____ Class: _____

Date of Birth: ___/___/___ Expiry: ___/___/___

Relationship to Applicant: _____

Name: _____

Drivers Licence No. _____ Class: _____

Date of Birth: ___/___/___ Expiry: ___/___/___

Relationship to Applicant: _____

Name: _____

Drivers Licence No. _____ Class: _____

Date of Birth: ___/___/___ Expiry: ___/___/___

Relationship to Applicant: _____

SECTION 6: ASSETS AND INCOME DETAILS

6.1 Is the Family Home OWNED / MORTGAGED / RENTED

6.2 How much do you pay for Mortgage/Rent? \$ _____ Fortnight

6.3 LIST ALL CURRENT FAMILY VEHICLES/CARAVANS/BOATS /TRAILERS ETC

Make & Model: _____	Year: _____	Value: \$ _____	Financed/Owned
Make & Model: _____	Year: _____	Value: \$ _____	Financed/Owned
Make & Model: _____	Year: _____	Value: \$ _____	Financed/Owned
Make & Model: _____	Year: _____	Value: \$ _____	Financed/Owned
Make & Model: _____	Year: _____	Value: \$ _____	Financed/Owned

6.4 INCOME DETAILS (For all household family members over 18 years)

	<u>Name</u>	<u>Type of Income</u>	<u>Amount (per fortnight)</u>
Mother	_____	_____	\$ _____
Father	_____	_____	\$ _____
Partner/De Facto	_____	_____	\$ _____
Children (over 18yrs)	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
All additional	_____	_____	\$ _____
family members at	_____	_____	\$ _____
the same address	_____	_____	\$ _____

6.5 Any Additional payments or income not listed above (Please provide details below)

(E.g. Child support/Foster Payments/Compensation payments/Crowd fundraising/settlements/donations use additional information page if necessary)

_____	\$ _____
_____	\$ _____
_____	\$ _____

SECTION 7: 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.

The Western Australian Motor Industry Foundation will undertake to use this information in a responsible and respectful manner and in accordance with your consent.

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

Supporting Documentation required

(Please indicate that you have included this by placing a X in the box)

All documents should be less than 3 months old at the time of submitting the application

- Current Medical Report from treating Doctor or Specialist – including present condition and ongoing medical prognosis.
- Social Worker's/Therapist Report
- LAC/NDIS Coordinator's Letter of Support
- Current Centrelink Statement / Payslips / Evidence of Income for **all adult members (over 18 years old) in the household**
- National Criminal History Check – (Police Clearance) **for all nominated drivers**
- Certified Copy of Traffic Infringement Report **for all nominated drivers**
- Current Insurance Claim Record for motor vehicle accidents for the last 10 years **for all nominated drivers**
- Copy of current WA 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)

Please note that failure to provide the required supporting documentation may lead to assessment of your application being delayed or rejected.

Section 8: APPLICANT AGREEMENT

Initial

I/we understand, and give permission for the Western Australian Motor Industry Foundation to speak and/or correspond and/or request the release of information from any third parties listed in this application, regarding myself/ourselves, to verify the content and claims of my/our application to be used to determine my/our eligibility for support from the Western Australian Motor Industry Foundation.

I/we authorise the use of the information contained in the supporting '*National Criminal History Checks, Motor Vehicle Insurance Claim Records and Certified Traffic Infringement Records*' of all nominated driver's, for the purpose of assessing my/our eligibility for support from the Western Australia Motor Industry Foundation.

In addition, if the application is successful I/we give permission and consent for the Western Australian Motor Industry Foundation to provide the above information to their motor vehicle insurer(s) for the purposes of obtaining motor vehicle insurance or making an insurance claim.

If the application is successful, I/we give permission for the information regarding myself/ourselves to be used in promotional material regarding the support received from the Western Australian Motor Industry Foundation. In understanding that this may include but not be limited to; articles regarding our story; Photos of the recipient(s) and their family; Details of the support received. I/we understand this will be used in a manner to promote the work of the Foundation to the public and its supporters.

_____ **Name** _____ **Date** ___/___/___

Signature

(Authorising All of the Above)

Declaration of Applicant or Person Authorised to Act on Their Behalf

I certify that all the information given in this application is, to the best of my knowledge and belief, true and correct and that I am the applicant, or I am acting on behalf of the applicant.

_____ **Name** _____ **Date** ___/___/___

Signature

Please return this form, with ALL the required documentation to:

**Wheels for Hope
PO Box 1060
BALCATTWA WA 6914**

Or email to: info@wheelsforhope.org.au