

**ROTARY CLUB OF BOULDER
PERTH CHILDREN'S HOSPITAL
GOLDFIELD'S FAMILY ASSISTANCE TRUST
APPLICATION FORM**

Please make sure all receipts are presented with the application form.

PATS must be claimed First as Rotary will only pay out the gap.

<https://www.wacountry.health.wa.gov.au/Our-patients/Patient-Assisted-Travel-Scheme-PATS>

APPLICATION DETAILS		DATE: / /
Parent/s Name:		
Child/Children		
D.O.B Child		
Address		
Home Number		
Mobile Number		
Email Address		
Number of family members accompanying patient e.g 2 Adults 2 Children		
Would you be happy to be contacted for feedback and to share your story?	YES/ NO	
REASON FOR ASSISTANCE	DATE OF APPOINTMENT/S	

DETAILS OF ASSISTANCE	
ACCOMMODATION- Receipts Required	
Name of Hotel,Motel,AIR BNB	
Address of Hotel,Motel,AIR BNB	
Phone Number	
Number of Nights up to \$150/night	
TRAVEL- Receipts Required	
Bus	
Train	
Fuel Ony @ \$0.32c/KM	
Flights(only exceptional circumstances)	
MEALS- Each claim up to max \$1000/ claim Receipts Required	
Meals per adult per Day @ \$40 (up to)	
Meals per Child per Day @ \$20 (up to)	
Less any Payments received from PATS/Insurance	



FUND TO BE PAID VIA	
Name of Payee	
Cheque	
Direct Deposit	
Account Name:	
BSB	
Account Number	

INFORMATION AND CONDITIONS OF PAYMENT.
<p>No funds are available unless signed by the authorised medical staff on your ward or unit, this can include Doctor, Specialist or Nurse.</p> <p>Funds for payment must be approved by the Trust and Fund manager prior to a reimbursement.</p> <p>All claims MUST be accompanied by receipts for payment to be made.</p> <p>Receipts must be included for Accommodation; Travel and all Meals being claimed.</p> <p>If there are other item's you may wish to claim for, please be in contact with us via email, pch@boulderrotary.com.au</p> <p>***Please note, some claims may take up to 6 weeks from processing to payment.</p>

SIGNATURES FOR APPLICATION TO BE SIGNED BY ALL PARTIES BELOW	SIGNATURE/NAME
Signed Ward/Unit Staff- Dr, Specialist, Nurse	
Print Ward/Unit Staff Name	
Signed Applicant	
Print Applicant	
Signed Fund Manager	
Print Fund Manager	
Signed Trust Manager	
Print Trust Manager	

OFFICE USE ONLY	
ALL RECEIPTS PRESENTED	YES / NO
CLAIM APPROVED	YES / NO
PATS CLAIMED	YES/ NO
DATE OF PAYMENT	
METHOD OF PAYMENT	CHEQUE OR DIRECT DEPOSIT
PAYMENT TOTAL	
SIGNED FUND MANAGER	
PRINT FUND MANAGER	
NOTES:	