

**Rotary Club of Boulder Perth Children's Hospital
Goldfields Family Assistance Trust
(Revision draft 26th February 2018)**



Cost Centre: 1112

Assistance Application Form

DATE

Applicant Details	
Parent/s	
Child/Children	
D.O.B (Child)	
Address	
Home Phone #	
Mobile Phone #	
Email Address	
Reason for Assistance	
Details of Assistance	
Accommodation	
Name of Hotel/Motel	
Address of Hotel/Motel	
Phone Number	
Number of Nights @ \$150/Night	
Travel	
Train	
Bus	
Fuel Only @ \$0.32c/Km	
Flights (only in exceptional circumstances)	
Meals Per Adult Per Day @ \$40 (up to)	
Meals Per Child Per Day @ \$20 (up to)	
Meals - Each claim up to max \$1000	
Less any payments already received (Pats/Insurance)	
Funds to be paid to	
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 authorized medical staff on your ward/unit. Funds for payment must also be approved by the Trust and Fund Managers prior to any reimbursement. All claims must be accompanied by receipts for payment to be made.</p>	
Signatures	
This Application form must be signed by all parties.	
Ward/Unit Staff	
SIGNED APPLICANT	
PRINT APPLICANT	
SIGNED FUND MANAGER	
PRINT FUND MANAGER	
SIGNED TRUST MANAGER	
PRINT TRUST MANAGER	

Office use only.	
Claim Approved	YES / NO
Payment Made	YES / NO
Date of Payment	
Payment Total	
SIGNED FUND MANAGER	