

**Lister Presbyterian Health Trust**

(Charities Number: CC56452)

Mailing Address: P.O. Box 33-276, Takapuna, Auckland, 0740 Chairperson: Rev. Dr Ron Mills

Phone: 021-828-839 Trust Secretary: Gabriel Pyc

Website: www.listerphtrust.org.nz Email: secretary@listerphtrust.org.nz

**All Grant Applicants**

The Lister Presbyterian Health Trust is a registered charity that, as funds permit, makes grants for charitable purposes selected by the Trustees within the North Shore and Rodney areas of Auckland. These purposes include helping improve the physical or mental health, or spiritual welfare of individuals who are in need AND who are unable to fully address that health or welfare need because they (or a person responsible for them) are suffering genuine temporary or long-term financial hardship.

Grants are limited to a maximum of $3,000 for an individual in any one year unless the Trustees in their sole discretion decide that an exception is justified.

The Trust welcomes applications from the following categories of people:

* A dependent person, i.e., *a* *person who relies on others for support or care who will* ***receive the benefit*** *from any grant that may be made.*
* A Caregiver/s of a Dependent person, i.e., *you are primarily responsible for* *a person who is financially dependent upon you AND, because of their circumstances, they have identifiable needs that require support or intervention, yet your circumstances are such that without help you have difficulty in addressing these needs from your own or other known financial resources*.
* A person in need, i.e., *a person* *who does not have financial resources available to meet their own identified health or spiritual welfare need.*

The person for whom assistance is sought must reside in the North Shore or Rodney area of Auckland.

For the Trustees to know whether we can assist, and, if so, whether your application can be favourably viewed, we ask you to supply as much as you are able of the information requested on the enclosed Application form.

We appreciate that sharing personal information can be stressful and possibly personally demeaning. We assure you that the information you provide will be treated with absolute respect and confidentiality *and will only be used for the purposes of considering and auditing this particular application for a grant*. You have the right to ask for a copy of any personal information we hold about you, or to have it corrected.

The information requested in the application form is important for enabling the Trustees to fairly assess the range of applications that are received from individuals and organisations. The Trustees seek always to allocate their limited funds in a manner that will best contribute to improving physical or mental health, or spiritual welfare in the North Shore and Rodney areas.

When assistance is sought with healthcare costs, the Trustees may find it necessary to seek further information from the relevant healthcare provider to consider the application fully. Consequently, the application form asks for the contact details of this healthcare provider and for consent to contact this person. The contact will be made sensitively through one of the Trustees and the information provided will be treated with utmost confidentiality. Should you have concerns about this please contact the Trust Secretary in the first instance.

Applications are usually finally assessed in the last week of March, June, and September, so applications need to be with the Trust Secretary at least in the first week of those months. All applications and related correspondence should be sent to the Trust Secretary by post or email as detailed above.

With every best wish,

A close up of a piece of paper

Description automatically generated

Chairperson

Lister Presbyterian Health Trust

**SECTION ONE: Application for Personal Charitable Grant**

|  |  |
| --- | --- |
| Applicant type: | A dependent person,  i.e., a person who relies on others for support or care who will **receive the benefit** from any grant that may be made.  A Caregiver/s of a Dependent person,  i.e., you are primarily responsible for a person who is financially dependent upon you AND, because of their circumstances, they have identifiable needs that require support or intervention, yet your circumstances are such that without help you have difficulty in addressing these needs from your own or other known resources.  A person in need,  i.e., a person who does not have financial resources available to meet an identified health or spiritual need. |
| Applicant Details: | Applicant’s Name: Click here to enter name.  Address: Click here to enter address.  Phone number: Click here to enter phone number.  Email address: Click here to enter email. |
| If the applicant is applying as the caregiver of a dependent person, please state the name of this person, their address, and their relationship to you: | Name: Click here to dependent person’s name.  Address: Click here to enter their address.  Relationship of caregiver to dependent person:  Click here to enter relationship to you.  Email address: Click here to enter email |
| Reason for grant:  e.g., service, equipment, treatment or other. | Click here to enter reason. |
| Amount requested: | $ Click here to enter amount. |
| Bank account:  (for payment of grant if successful) | Account Name: Click here to enter account name.  Account Number: Click here to enter account number |
| Healthcare Provider | Name of Healthcare Provider: Click here to enter name or clinic.  Contact details: Click here to enter details |

**SECTION TWO: Applicant details**

|  |  |
| --- | --- |
| What is your total income received from all sources including interest from savings and investments? | $0 - $30,000  $30,000 - $50,000  $50,000 - $70,000  $70,000 - $90,000  Over $90,000 |
| Do you have savings/investments? | No  Yes, please give details.  Enter savings/investments here. |
| Do you have a community services card? | No  Yes |
| Do you own your own home? | No  What is your monthly rental payment $ enter here.  Yes  What is your monthly mortgage repayment $ enter. |
| Have you attempted to raise fund yourself? | No  Yes, please give a brief description of the steps you have already taken.  Enter details here. |
| Have you received charitable funding before for the same need? | No  Yes, please give details.  Amount received $enter amount  Donor: Enter donor name |
| Are there any particular needs that prompted you to apply to this Trust? | No  Yes (a detailed description would be helpful  Click here to enter details. |
| Is there any other information which might be helpful? | Click here to enter text. |

**SECTION THREE: If the applicant is applying as Caregiver of a person named in Section One, please complete this section on this person.**

**Otherwise, go to Section Four, declaration and consent.**

|  |  |
| --- | --- |
| Does this person have a community services card? | No  Yes |
| Is this person on a benefit? | No  Yes, please list the benefit(s) received and the amount.  Click here to enter text. |
| Does this person receive any other form of income? | No  Yes, please list the source(s) of all other income received to support this person.  Click here to enter text. |

**SECTION FOUR: Consent and declaration *(please print and sign this section)***

I consent to the Lister Presbyterian Health Trust contacting the healthcare provider for further information to enable this application to be considered fully, should this be necessary.

The information given is to the best of my knowledge correct and accurate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PRIVACY STATEMENT***

*We collect personal information from you, including contact details, and other medical and financial information primarily to allow us to assess, fulfil, and monitor your application for a grant.*

*We may use or disclose this personal information for these, and other lawful purposes related to your application, but will only do so in accordance with the Lister Presbyterian Health Trust Privacy Policy and the Privacy Act 2020.*

*We will not retain your personal information for any longer than we have a lawful purpose to use it or a legal requirement to retain it.*

*You have the right to access or correct any personal information the Trust holds about you.*

*You can do so by:*

* *Calling us on 021 828 839,*
* *Emailing us at* [*secretary@listerphtrust.org.nz*](mailto:secretary@listerphtrust.org.nz) *or*
* *Writing to us at the Lister Presbyterian Health Trust, PO Box 33-276, Takapuna 0740*