**Kind Hands Trust Application Form**

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| First Name: | Surname: |
| Address: | |
| Email address: | |
| Contact Number: | |
| Childs First Name: | Surname: |
| Childs D.O.B: | Enrolled at Kind Hands since: |

Childs Diagnosis:

Reason for application i.e. working full time, fees higher than normal day care, ran out of funding (carer support payments, I.F.):

**APPLICATION ELIGIBILITY**

The applicant **must meet** the below criteria to be eligible for funding:

* Have a child enrolled under the care of KH
* Have a medical issue or disability

The applicant **must also meet at least 1** of the below criteria to be eligible for funding:

* Have no other funding allocated to them e.g. Carer Support, Family options, WINZ etc.
* Be paying over and above what a normal childcare would charge

Please circle which combined household income bracket you fall under:

30-40K 41-50K 51-60K 61-70K 71k +

Once the child has stopped attending at KH, the funding will cease immediately.

**APPLICATION DOCUMENTATION**

* All sections of the form must be filled out correctly.
* Any supporting documents welcomed
* Both parties must keep a filed copy (electronic or paper) of the funding application and any supporting documents.

**BANK ACCOUNT DETAILS**

Bank Account Details for KH must be in the form of:

• A bank statement, or

• A bank encoded deposit slip, or

• Hand written or printed bank details which have been stamped as verified by the bank.

Comments

Application: APPROVED DENIED

Approval by Trust

Signed:

Date:

Funding Amount:

Review Date: