

THE KEUNE FOUNDATION APPLICATION FORM



The Keune Foundation supports families who have a child under the age of 18 diagnosed with a potentially terminal illness, regrettably The Foundation can only donate funds to families who are within this area of health care. In order to be considered for a funds donation by the KEUNE Foundation, please complete and return this form to: The KEUNE Foundation PO Box 787 Kings Langley NSW 2147 No guarantees for donations can be given by the Foundation, all donations are subject to funds availability at the time of application, all communications with the Foundation must be conducted in writing. The Keune Foundation will contact the applicant to inform the applicant about the status and success of their application.

Applications must be fully completed and signed by the applicant and a witness to be considered.

PARENT/ GUARDIAN'S DETAILS

Title _____ First Name _____ Family Name _____

Home Address _____

_____ Post Code _____

Personal Email _____ Date of Birth _____

Home Telephone _____ Mobile _____

Are you the child's carer? _____

CHILD'S DETAILS

Please tick Boy Girl

First Name _____ Family Name _____

Home Address _____

Date of Birth _____

Child's Illness

Type of Illness _____

Date of diagnosis _____

ATTENDING SPECIALIST'S DETAILS

First Name _____ Family Name _____

Provider number _____

Address _____ Phone : _____

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YOUR FAMILY DOCTOR'S DETAILS

First Name _____ Family Name _____

Provider number _____

Address _____ Phone : _____

HOSPITAL'S DETAILS

Hospital where treatment was or is currently conducted _____

Address _____

Please complete below to provide various authorizations to The Keune Foundation

Applicant must sign the following as the acknowledgment of the Health Records and Information Privacy Act 2002 below.

The applicant agrees that The Keune Foundation may, in accordance with the Health Records and Information Privacy Act 2002

- A) Give to the Health Provider personal information in relation to this application for a donation from The Keune Foundation including name, sex, date of birth, current address of the applicant and full details of the child and
- B) Obtain from the Health Provider a confirmation containing personal information concerning the illness of the child in the above application and
- C) Give to the Health provider named in this application a copy of this application to confirm that the applicant has authorized The Keune Foundation to make enquiries about the child being treated by the Health Provider.

The applicant agrees that images and "the story" of the child mentioned in the application maybe used by The Keune Foundation for the promotion of the fund in their efforts to raise funds.

Applicant's Name: _____ Signature: _____

In the presence of: _____ Signature: _____

Dated this _____ Day of _____ 20 ____