



JOSEPH SERIDIS TRUST FUND APPLICATION FOR ASSISTANCE FORM

Name of applicant: _____

Date of Birth: _____

Postal address: _____

Contact phone number: _____

Email address: _____

Name of person assisting with application (if applicable): _____

Relationship to applicant: _____

Contact phone number: _____

Email address: _____

Detailed description of equipment being requested



Amount of assistance being requested \$ _____

Is this the Full Amount Part Amount
Please attach 2 quotes from different suppliers.

Personal history and description of needs

Please state reasons why you/the person requires assistance

Please add extra pages if more explanation is required



Letter of support from: _____

Position: _____

Have you tried other places for the equipment? Yes No

Please give details of where and why your application was unsuccessful.

Signature of Applicant _____

Date _____

The information requested on this form is collected for the purpose of assessing individual applications to the Joseph Seridis Trust Fund. This information will remain confidential and be stored by Uniting Communities on behalf of the Joseph Seridis Trust Fund. Access to the information supplied can be made by application to the Trustees. Please contact the Trustees at the above address with any queries or complaints regarding Privacy and Personal Information.