

**APPLICATION FORM**

**TyLeR ShAw RaNdOm AcTs Of ClOwN- NeSs!**

**THE FOLLOWING APPLICATION FORM HELPS US DETERMINE YOUR ELIGIBLITY FOR ASSISTANCE FROM THE HUMANITARIAN CLOWNS**

**SECTION A APPLICANT INFORMATION**

**COMPULSORY. THIS IS THE INFORMATION ABOUT THE RECIPENT REQUIRING ASSISTANCE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname (Last name)** | | | | | **Name (First name)** | | | | | |
| **Date of birth:** | | **Phone:** | | | | | | **Email:** | | |
| **Address** | | | | | | | | | | |
|  | | | **Postcode** | | | **State** | **Country** | | | |
| **Gender**  **Male □ Female □** | **Is this applicant an Australian Resident or Australia Citizen?**  **Yes □ No □** | | | | | | | | | |
| **Place of birth (State and Country)** | | | | | | | | | | |
| **Name of persons siblings if required (if any)** | | | | | | | | | **Date of birth** | |
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|  | | | | | | | | |  | |
| **Marital Status**  **Single □ Married □ Relationship □** | | | | | | | | |  | |
| **Is the applicant receiving any other charitable or financial support for their condition? And has the applicant previously applied for funding from this or other Organisations?**  **Yes □ No □** | | | | | | | | | | |
| **Organisation/Agency:** | | | | **Amount granted:** | | | | | | **Date of application :** |
| **Purpose of the funding** | | | | | | | | | | |

**SECTION B YOUR DETAILS**

**This section will be completed by the person submitting this form**

**Your relationship to the recipient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname (Last name)** | | | **Name (First name)** | | | |
| **Date of birth:** | **Phone:**  **Mobile:** | | | | | **Email:** |
| **Address** | | | | | | |
|  | | **Postcode** | | **State** | **Country** | |

**SECTION C FUNDING REQUIREMENTS**

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| **Please provide total amount of funding being requested** |
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| **Describe the purpose of the funding being requested how it will be used and how it will benefit the recipient and family.** |
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**SECTION D CERTIFICATION**

**Your signature authorise Humanitarian Clowns to proceed with your application**

**□ I declare under penalty of the laws of Australia that the answers that I have given in this application and the documents given are correct and true to the best of my knowledge and belief. I declare that I have read and understood the application instructions, declarations and all information printed on this application.**

**□ I acknowledge that the information used for processing this application will be shared with Humanitarian Clowns Committee.**

**□ I acknowledge that if my application is successful I will be required to complete a Public Relations & Media Consent Form and supply a current photograph of the applicant.**

**□ I acknowledge that no promises or assurance what so ever have been made to me by any representative of Humanitarian Clowns, regarding the request for Random Acts of Clownness.**

**□ I understand that any granting of any random acts of clownness must go before the Committee for approval.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**