



AUSTRALIAN LIONS CHILDREN'S MOBILITY FOUNDATION (ALCMF)

GRANT APPLICATION FORM

Child's Name: _____ Date of Birth: _____ Gender: M F
Parent's Name: _____
Address: _____ Postcode _____ Phone No _____
I/We consent to our name being forwarded to The Australian Lions Children's Mobility Foundation, and allocation to an individual Lions Club for assistance with funding of the following equipment.
I/we understand that I/we may be asked to meet club members and agree to assist where possible with the promotional activities related to the particular fundraising. I/we agree to keep in touch with the Lions Club and pass on progress details when requested.
I/we understand that where there is previously used equipment available (except in the case of a Hart Walker) we may be allocated with this equipment.
I/we understand that the equipment will be returned to be re-issued through The Spastic Centre when no longer required by my/our child. Hart Walkers will not be re-issued but must be returned when no longer in use.
I/We may require assistance for the ongoing maintenance costs of the Hart Walker (to be discussed with sponsoring Lions Club).
Signed: _____ Date: _____
(Parent/Guardian)

Name of Walker/Equipment: _____
Funding sought: \$ _____ (Please attach official quote)
Brief description of the benefits to the child and family _____
Physiotherapist's Name: _____
Physiotherapist's Signature: _____ Date: _____
Contact Telephone: _____ Organization _____
Contact Address: _____

Please complete this form and return together with your cheque, in the amount of \$.....
made payable to ALCMF, to Registrar Ray Dix, PO Box 511, Kensington Park SA 5068
THIS IS ALSO YOUR INVOICE!

Child's Name: _____ Address: _____
Name of Equipment: _____ Funding Approved: \$ _____
Sponsoring Lions Club: _____ Address: _____
SIGNATURE: _____ President or Representative _____
Phone/Email Contact _____
Approval Number: GA _____ Trustee: _____