

## **Application for funding requests for Palliative Care purposes within the Ashburton District**

### **Background:**

The Ashburton Palliative Care Charitable Trust was established in 1996 after community consultation showed a need to establish a way to financially assist with palliative care in our District. The Trust had a broad remit to promote the palliative care philosophy within the Ashburton District - by supporting individuals at the end of life, advancing palliative care education for health professionals and provision of individual equipment. Quality, rather than quantity, of life is the primary consideration for applications funded from this Trust Fund. In 2020, the Trustees of the APCCT decided to transfer the Fund to the care of Advance Ashburton Community Foundation where the funds will continue to benefit palliative care in the Ashburton District for many generations to come.

### **Ashburton Palliative Care Charitable Trust Fund objectives:**

The key objectives of the Ashburton Palliative Care Charitable Trust Fund (APCCT Fund) are:

1. To provide grants or other financial support to terminally ill persons to enable them to receive palliative care.
2. To purchase equipment and facilities for palliative care for loan and use by hospitals and institutions in the Ashburton District.
3. To promote, support, and encourage other charitable work for the terminally ill.

### **Application criteria:**

1. All applications must be on an Ashburton Palliative Care Charitable Trust Fund application form.
2. Application purposes must meet at least one of the Trust's objectives.
3. Applications must be completed in full.
4. The applicant must reside in the Ashburton District.

### **Application process:**

1. The applicant will be **notified by phone** after a decision has been made.
2. **For urgent submissions** please contact the Advance Ashburton Community Foundation Office Administrator on 03 3075902, [grants@advanceashburton.org.nz](mailto:grants@advanceashburton.org.nz), or the Executive Officer of Advance Ashburton, Carolyn Clough on 021 886087.

### **Disclaimer:**

This application is subject to the requirements of the Privacy Act (1993) and Health Information Privacy Code (1994). Information is collected for the sole purpose of determining approval for a charitable grant from the Ashburton Palliative Care Charitable Trust Fund. The information contained in the application and supporting documents will be circulated to members of the Advance Ashburton Grants Committee and may be circulated to its Trustees as part of the granting process. Personal information will not be disclosed to a third party without the prior consent of the applicant.

# Application Form

Applicant's Full name \_\_\_\_\_

Name of person making the application  
(if not the applicant) \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Telephone number \_\_\_\_\_

## Purpose of application (please tick as applicable)

Training/Education course  Equipment (please attach quotes)

Financial support to assist a terminally ill person  Other charitable purpose

**Please detail in full the purpose of the funding request, including amount required, and attach any necessary supporting documentation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial assistance required \$ \_\_\_\_\_

## Referee Information:

Please give the names and details of two persons (one of whom should be a health practitioner) authorised by the applicant as they may be asked to disclose their applicant's confidential opinion about the application.

Referee 1:

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone Number \_\_\_\_\_

Referee 2:

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Declaration:** *I/We hereby apply for a grant from the Ashburton Palliative Care Charitable Trust Fund and certify that the information in this application is true and correct. It is acknowledged and understood that the applicant/person applying on behalf of the applicant may be phoned by a delegate of Advance Ashburton to discuss the application.*

Signature \_\_\_\_\_  
(of person submitting the application)

Date \_\_\_\_\_

Designation \_\_\_\_\_