

Centrecare Youth Grant

Application Form



1. Your details

| | | | |
|-----------------|--|-----------|--|
| Name: | | | |
| Postal address: | | | |
| Suburb: | | Postcode: | |
| Mobile: | | | |
| Email: | | | |
| Date of birth: | | | |

2. OHC placement details: Please provide the following information about your OHC experience:

| |
|--|
| Duration of your OHC placement: |
| |
| Organisation(s) involved in your OHC (e.g. Dept of Communities, The Salvation Army): |
| |
| Type of care placement(s) (e.g. Foster care, Relative/kinship care, Residential care, Family group homes, Independent living, or other): |
| |
| Contact details of your support worker/transitional coach or Department of Communities contact: |
| Name: |
| Job Title: |
| Organisation: |
| Mobile: |
| Email: |

3. Use the table below to show what you would like the grant money for.

| (1) Item(s) | (2) Amount | (3) Supplier | (4) Quote (yes/no) |
|-------------|------------|--------------|--------------------|
| | | | |
| | | | |
| | | | |
| Total: | | | |

4. How will the funds assist?

Tell us a little bit about you and how the money will help you become independent.



5. Grant conditions

The grant is provided under the following terms and conditions:

- a) The grant is to be used solely for the specified purpose approved by Centrecare.
- b) If you wish to change the approved purpose you must first obtain Centrecare's prior written approval.
- c) Any part of the grant funds that are not used by the grant must be repaid to Centrecare unless you obtain prior written approval.
- d) Centrecare will not be held responsible for the approved purpose for which the grant is provided or for any losses or additional costs incurred that are associated with the approved purpose.
- e) Centrecare is not liable for any accident or negligence resulting in any claim or damage arising from activities undertaken as part of the grant.
- f) All items will be purchased by Centrecare with the Applicant retaining ownership.

Important: All applications will be assessed by the Director of Centrecare and submitted to the Board of Centrecare for approval. All decisions are final. All applicants will be notified in writing of the outcome of their application.

I confirm that the above application is true and correct.

Signature: _____

Date: _____

Application Checklist

Before you send your application – please ensure you have completed the following. Check each item when you have completed or attached it.

| Item | Check box |
|---|-----------|
| 1. Completed all questions in the application form. | |
| 2. Attached copies of all quotes, if applicable. | |
| 3. Signed the application. | |

Enquiries

Should you have any queries regarding your eligibility or the Application Form, please contact Centrecare on 08 9325 6644 or email youthgrant@centrecare.com.au

How to Submit Your Application Form

By email youthgrant@centrecare.com.au

Or

By post:
Centrecare Youth Grant
Centrecare 456 Hay St
PERTH WA 6000