**How did you hear about Beyond Limits Children’s Foundation?**

   
**Child's Details**

**First Name**

**Last Name**

**Date of birth**

**Age**

**Gender**

**Residential Address   
House/Unit Number and Street Name**

**Suburb**

**State**

**Postcode**

**What is the child’s residency status?**

**Is the child a refugee?**

**Is the child of Aboriginal or Torres Strait Islander heritage?**

**What is the main language spoken at home?**

**Please describe the nature of your child's diagnoses and/or conditions.**

**How does your child's condition affect them and their daily life? e.g. at school, at home, etc.**

**What are your child's current supports? (i.e. what support is available in the home, in the community, at school)**

**What impact does your child's condition have on your family?**

**What therapy support does your child currently receive?**

     
   
**NDIS Eligibility**

**Please provide as much information in this section as possible.**

**Is your child an NDIS participant or eligible to become an NDIS participant?**

**Please respond to the ONE statement below that applies to your child. You do not need to answer ALL the questions  
  
No, my child has not applied/eligible to become an NDIS participant because....**  
  **Please provide a copy of your most recent communication from the NDIS (i.e. response / denial / rejection / planning letter)**

**Yes, my child is an NDIS participant, however we require further funding or support because….**

**Please provide a written support letter from a health professional outlining why you require funding.**

**Details of Request We Care - Therapy Grant Application Form**  
Please this grant.

**What therapy/therapies do you intend to fund with this grant?**

**Please provide the frequency of therapy, assessment or equipment required.**

**What are your child's goals? What would you like them to work towards in the chosen therapy (List 3-5 goals)?**

**Please help us understand the impact on your child if this application is not successful.**

  **ACT We Care - Therapy Grant Application**   
Please grant.

**Diagnosis Support Person**

The Diagnosis Support Person is a medical professional (GP, paediatrician etc). The letter should be on letterhead, must reference the child's diagnosis/conditions as listed previously in this application, and should be dated within 12 months.

**Letter from GP or Paediatrician outlying child's diagnosis/condition and referral to the Therapy.**

 Click **Choose file** and then **click Upload.** You MUST click

**UPLOAD**  
File types accepted: Acrobat PDF and image files JPG and PNG. 

**Optional Support Letter**

**UPLOAD**  
File types accepted: Acrobat PDF and image files JPG and PNG.

**Parent/Carer details:**

**Do both parent/carers listed live in the same household?**

If yes, both parents/carers will need to provide the following details and information.

**Parent/Carer 1 Details**

**Please confirm your relationship with the child**   
 

**Is parent/carer 1 financially responsible for this child?**  
This includes government or private maintenance payments, school fees, medical expenses or any other financial contribution towards the child

**First Name**

**Last Name**

**Mobile Number**

**Email Address**

**Employment Status** (Full time, Part time or Casual)

**Occupation:**

**Is parent/carer 1 receiving any Centrelink payments?**

**Parent/carer 1 current living arrangements**

   
**Parent/Carer 2 Details** (if applicable)

**Please confirm your relationship with the child**

**First Name**

**Last Name**

**Mobile Number**

**Email Address**

**Employment Status** (Full time, Part time or Casual)

**Occupation:**

**Is parent/carer 2 receiving any Centrelink payments?**

**Parent/carer 2 current living arrangements**

**Relationship to parent/carer 1**

**/ACT We Care - Therapy Grant Application Form**  
  
Please this grant.

   
**Additional Details**

**Number of Dependents under 18 years (**Please include the child on this application)

**Ages of Dependents** (Please include the child on this application)

**Other than the applicant, how many dependents in the household are living with disability?** (Please provide a number)

**Please tell us more about the disabilities/conditions of the other dependents**

**We Care - Therapy Grant Application Form**  
  
 

**We Care - Therapy Grant Application Fo**

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**Consent and Agreement**

The Parent/Carer would like to join the mailing list to hear about Beyond Limits Children’s Foundation latest news such as Grants, Programs, Services & Kids Events.

The Parent/Carer consents to Beyond Limits Children’s Foundation collecting the information provided on this form. The Parent/Carer has read and agrees to Beyond Limits Children’s Foundation Guidelines, Privacy Policy and Terms and Conditions.

I declare the information provided in this application is true and correct

If successful, I understand that a brief grant survey/report will be sent at the end of the grant  
for completion.

The Parent/Carer has read the below Media Release and if agreeable, has provided consent for Beyond Limits Children’s Foundation to contact them regarding publicity in relation to this application and other opportunities for the family.

Thank you for giving your permission for your child/children, or the children in your care, to be involved in recording and/or photography ("the materials") to help promote the important work of Beyond Limits Children’s Foundation. While we would love to use these materials, we cannot guarantee they will always be used. When they are, they may be shown at private, ticketed Beyond Limits Children’s Foundation events, shared with companies or individuals to support fundraising efforts, or featured on our website and the Beyond Limits Children’s Foundation website. The materials might also appear on television, radio, online platforms, or social media, helping to raise awareness and support for our mission. They could also be used in newspapers, posters, brochures, or other promotional materials. Where possible, we will make every effort to inform you before using the materials publicly, though we cannot promise prior notice in every instance. By agreeing, you are giving Beyond Limits Children’s Foundation permission to use the materials indefinitely, across all current and future media, without any payment owed to you or the child/children involved, now or in the future.