

GRANT APPLICATION FORM

The SHCT accepts applications from individuals to assist with the costs associated with pursuing a cochlear implant.

THE
SOUTHERN
HEARING
CHARITABLE
TRUST



Applicants must:

- Have previously been accepted as a candidate for a cochlear implant based on accepted clinical criteria
- Be NZ residents
- Sign a form declaring that they do not have the means to provide for all of the costs of an implant themselves
- Not be receiving Ministry of Health, ACC or other state funding to meet the costs of any procedure, including ongoing unmet costs
- Be resident in the catchment area of the Southern Cochlear Implant Programme

Grant applications will be accepted for costs of treatment, including:

- Hospital costs
- Surgical fees
- Consultation fees
- Cochlear Implant System
- Speech Processor Replacements

The value of a single grant application will not exceed \$50,000.

Applicant's First Name:	Surname:
Applicant's Address:	
	Tick preferred means of communication
Applicant's Primary Phone Number:	<input type="checkbox"/>
Applicant's Email Address:	<input type="checkbox"/>
Tell us about yourself in no more than 500 words:	
Area grant is applied for	Tick specific areas
Hospital Costs	<input type="checkbox"/>
Surgical Fees	<input type="checkbox"/>
Consultation Fees	<input type="checkbox"/>
Cochlear Implant System	<input type="checkbox"/>

Speech Processor Replacement	<input type="checkbox"/>
Details of the grant requested: (Including specific costs)	
Tell us about whether you are seeking or have received any funding from other organizations:	
Any further relevant information:	
DECLARATION	
<p>I, _____, declare that I do not have the means to fund the entire cost of a cochlear implant or related treatment.</p> <p>Signed: _____</p> <p>Date: _____</p>	

ATTACHMENTS	Tick if attached
Confirmation of a completed cochlear implant assessment, including supporting documentation from health or other professionals	<input type="checkbox"/>
Photocopy of your birth certificate or passport (or alternate proof of NZ residency or citizenship)	<input type="checkbox"/>

TERMS AND CONDITIONS OF GRANT

1. Priority will be given to people who do not already have a cochlear implant
2. Applicants will be notified whether their grant application has been accepted within one month of application closing date.
3. Applicants may be asked for additional information to assist in the decision made by the Trustees
4. Applicants may be required to sign declaratory documents from the original benefactor and meet the benefactor's additional grant terms
5. The maximum assistance with any single application is limited to \$50,000
6. Any ongoing costs not met by the grant will remain with the patient
7. Money will be paid directly to the treatment provider upon invoice provided by the patient
8. Grant funds are limited each year and as a result the SHCT reserves the right to decline applications where funds cannot be made available