

KEEP WATCH COMMUNITY HELP GRANTS APPLICATION FORM

John Paul Foundation and Royal Life Saving Community Help Grants, supporting Sydney children and their families impacted by non-fatal drowning.



ROYAL LIFE SAVING
AUSTRALIA

JOHN PAUL
foundation

FORM INSTRUCTIONS

Please save this form to your computer. Once complete, please email to info@rlssa.org.au

FAMILY DETAILS

NAME OF CHILD:

.....

DATE OF BIRTH:

.....

NAME OF APPLICANT:

.....

RELATIONSHIP TO CHILD:

.....

(N.B. Must be family or legal guardian of the child)

HOME ADDRESS:

.....

POSTAL ADDRESS (IF DIFFERENT):

.....

MOBILE NUMBER:

.....

OTHER NUMBER:

.....

EMAIL:

.....

Please tell us your story of the accident. Please include how old your child was at the time, how the incident unfolded, and where.

Please provide a brief description of the treatment your child received at the time. What ongoing impact has the incident had on your child's health, wellbeing and development?

COMMUNITY HELP GRANT PURPOSE

What will the grant be used for? Please describe the resource, service, product, therapy etc.

How will this improve your child's care and welfare?

What difference will this have on your family's life?

Grant value requested (max \$2,500):

CONDITIONS

I agree that I or my family have not received funding in full for the requested service, resource, product or therapy from another organisation or entity.

I agree to complete a follow-up survey to help RLSSA measure its community impact.

I agree to provide quotes and/or tax invoices from the suppliers of the requested goods or services for payment by RLSSA.

Please send completed form to:
info@rlssa.org.au



ROYAL LIFE SAVING
AUSTRALIA

**JOHN
PAUL**
foundation