



PNZ Cyril Smith Legacy Fund Application Form

Section A – Personal Details

1. Applicants details

First Name: Last Name:

Date of Birth:/...../..... Age: Male / Female

Address:

Suburb: City: Post Code:

Email address:

Telephone: Home () Mobile ()

Classification:

Ethnicity: NZ / European / Maori / Asian / Pacific / Other.....

Residing/Competing: within the Canterbury region (please circle)

Please note: Individuals must provide proof of residence that they reside in the Canterbury region, or that they compete for the Canterbury region.

2. Parent or Guardians details (to be completed if recipient is under 18 years of age):

First Name: Last Name:

Address:

Suburb: City: Post Code:

Email address:

Telephone: Home () Mobile ()

3. If you are applying on behalf of an Organisation (please list main contacts details here):

First Name: Last Name:

Title:.....

Organisation Name:

Address:

Suburb: City: Post Code:

Email address:

Telephone: Business :() Mobile: ()



Section B – Funding Details

4. Please describe exactly how the funds are to be used:

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5. Please explain what difference this funding will make? Please submit a brief report on the benefits that you or the beneficiaries that you are applying on behalf of, gain from the funding. Ehere the same funding has been received previously, applicants must demonstrate an improvement in performance, rankings, participation numbers, etc.

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6. Total cost (please attach 2 written quotes) \$

 Less the amount you can contribute \$

Total funds required \$.....

7. Have you ever applied to Paralympics New Zealand for funding? Yes/No

If **Yes**, please give dates and details:

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8. Have you applied to any other source for this funding? Yes/No

If **Yes**, please give dates and details:

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Section C - Agreement

- a) I believe the above information to be true and correct. I understand that this information will be used by Paralympics New Zealand to establish my/our need for funding and that I may be contacted by members of Paralympics New Zealand in order to obtain further information if required.
- b) Should my/our funding application be successful I/we accept that Paralympics New Zealand may, in its sole discretion, use any information relating to the application or the applicant for the purpose of publicity to raise awareness of Paralympics New Zealand and the assistance that it provides and the applicant consents to such use. I/we agree for the usage of imagery for these purposes.
- c) Should my/our funding application be successful, the PNZ Cyril Smith Legacy Sub-Committee requires accountability for all funds received by the applicant. If there are changes in circumstances we require any unspent funds to be returned.
- d) Your contact details will be stored on the PNZ database and may be used to keep you up to date with Paralympics New Zealand's activities.

If you do not wish to be contacted in the future, please advise PNZ office on info@paralympics.org.nz

Full Name:

Signed:

Dated:

Please post completed application form and supporting documentation to:

**Paralympics New Zealand
Suite 2.10, Axis Building
1 Cleveland Road
Parnell, Auckland 1052**

Alternatively, please email to:

info@paralympics.org.nz