

**Breath4CF Physical Activity Fund**

**Application Form**

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| --- | --- | --- |
| **PWCF/Recipient Details** |  |  |
| Name: |  | Birth Date: |  |
| Address: |  |  |  |
|  |  | Email: |  |
| City: |  | Phone: |  |
| Postcode: |  | CF Branch: |  |
|  |  |  |  |
| **Applicant:** |  | Relationship: |  |
| Address: |  |  |  |
| (If different from above) |  | Email: |  |
|  | Phone: |  |
|  |  |  |  |
| **Details of Application:** |  |  |
| Items |  | Cost | Receipt Included | Quote Included |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total Requested: |  |  |  |  |  |  |  |
| Have you approached anyone else for funding of these items? (including your own CF branch) |
|  | No |  | Yes  | Please list: |  |
|  |
| Outcome: |
|  |
| **Details of Payment:** |  |  |
| Payment Method: |  | Direct Deposit | Account No: | \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ \_ \_ \_ - \_ \_ \_ |
| **Please note:** In the case of quotes for items not yet purchased, CFNZ will pay the supplier directly. Please provide their bank account details.Please mail this form and attached quote/receipt to:**Office Manager, CFNZ, PO Box 110 067, Auckland Hospital, Auckland 1148** |



**Application conditions for Breath4CF Physical Activity Fund**

To qualify for this fund, you must have cystic fibrosis **and** be registered in our CF database through one of our fieldworkers.

The application form must be fully completed. Under no circumstances will grants be made for activities that have already been fully funded from another source.

Prior approval for activities covered by the fund is not required. You may send the application form **with** the receipt or invoice/quote attached to the back.

Payments will be made either to the applicant (or caregiver) upon the provision of receipts, or direct to suppliers upon invoice/quote. **If we make payment on an invoice/quote, we will require a receipt for our payment. Further grants will not be considered if receipts for previous payments have not been received by us*.***

Payment will be made by direct credit to your bank account if the details are provided. If we are to pay the provider of the goods or service, please provide their bank account details and details of how they’d like the payment identified.

**PLEASE NOTE: We accept no responsibility for payments going astray, if you provide incorrect bank account details.**

You may apply to this fund as many times as you wish, up to a maximum of $150 per child under 6 years, $300 per child/adult 6 years and over during each financial year. **Our financial year ends 30 June – applications for the current year must be received by June 25, as payments cannot be backdated.**

The following is a list of some of the activities covered by this fund, but it is not an exhaustive list. If in doubt, please contact the national office to check if your chose activity is eligible.

* Team or individual sports
* Physical exercise equipment
* Horse riding
* Sports club fees
* Training or sporting lessons
* Singing lessons
* Swimming lessons
* Trampolines
* Gym memberships
* Sporting trips to competitions
* Computerised activity games

Activities which will **not** be considered:

* Social gatherings or sports trips which are predominantly social in nature
* Holidays (individual or family)
* Clothing classed as non-essential, which includes any clothing that is not activity specific. Clothing that is compulsory for specific sporting activities will be considered, for e.g. sports team uniforms, swimming togs, compulsory school sports uniforms.
* Computer games
* Hunting equipment such as guns, ammunition, bows or crossbows

If you have any further queries or need assistance in filling in this form, please contact:

Office Manager

Cystic Fibrosis New Zealand

P O Box 110 067, Auckland Hospital, Auckland 1148

Ph (0800) 651122 or 09 308 9161 Email: admin@cfnz.org.nz