



**Breath4CF Physical Activity Fund
Application Form**

PWCF/Recipient Details

Name: _____ Birth Date: _____
Address: _____
City: _____ Email: _____
Postcode: _____ Phone: _____
CF Branch: _____

Applicant:

Address: _____ Relationship: _____
(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: _____
 Cheque Payable To: _____
Mail To: _____

Please note: In the case of quotes for items not yet purchased, CFNZ will pay the supplier directly. Please provide either their bank details or name for cheque. Cheque can mailed either directly to the Supplier or the the Applicant to deliver

Please mail this form and attached quote/receipt to:
Office Manager, CFNZ, PO Box 110 067, Auckland Hospital, Auckland 1148

Breath4CF Physical Activity Fund - Application Conditions

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 (the quickest option), or by cheque if you prefer. 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, or we can send them a cheque.

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. It is by no means exhaustive and if in doubt please call the National Office to check if your chosen 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 – eg 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