



BLOGG
CHARITABLE
TRUST

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INDIVIDUAL Application form

Please complete and email this application form, together with a supporting letter outlining the reason for the application, how it would benefit the applicant and the family/financial circumstances.

Include quote/s or a screenshot of the cost (NO invoices please), and a copy of the parent's CSC.

Parent information is for activity registration only, communication is via the supporting agency that is submitting this application.

PLEASE NOTE: For assessments, an additional supporting letter (detailing the child's difficulties) is required from the child's school teacher, SENCO or LSC at the child's school. Consent to Disclose to the child's school is also a requirement.

APPLICANT and FAMILY DETAILS

| | | |
|---------------------------|---|----------------|
| Date of Application: | Applicant's name: | Date of Birth: |
| Address: | | |
| Parent/Caregiver Name/s: | CSC: parent required to have one, please provide a copy | |
| Phone no: | Email: | |
| School the child attends: | | |

SUBMISSION INFORMATION

| | |
|---|--------|
| Name of the person submitting this application: | |
| Organisation: | |
| Address: | |
| Phone no: | Email: |

FUNDING INFORMATION

Specify the activity, item/s or assessment/s requested:

Business name of the supplier of the activity, item/s or assessments:

| | |
|---|------------|
| Application amount as per quote/s or screenshot : | (excl GST) |
|---|------------|

For activity applications please use the contact details of the staff at the activity centre.
For assessment or item/s applications please use the child's school teacher, SENCO or LSC at the child's school

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|-----------|------------|
| Name: | Job title: |
| Phone no: | Email: |