



Application Form

JFA Noske Christmas Fund

The JFA Noske Christmas Fund distributes grants of up to \$150 to assist eligible adults living with disability to celebrate Christmas.

The Fund was established in 2009 in honour of the late Mr Noske who set aside funds to spread the joy of Christmas. Eligible recipients have received grants for various personal items associated with Christmas, including short holidays, electrical goods, presents for loved ones, clothing, food for Christmas day and more.

****SPECIAL NOTICE****

The number of applicants is likely to exceed the number of grants available. Therefore, not every applicant will receive a grant. This includes applicants who have received grants in previous years. Please do not assume your application will be successful just because you meet the eligibility criteria, and do not make any spending commitments until you have been notified about the outcome of your application.

To be eligible to apply you must:

- be 18 years of age or over **and**
- be a South Australian resident **and**
- live with physical disability, acquired brain injury or degenerative neurological disorder **and**
- receive, or be eligible for, a disability support pension or equivalent **and**
- give consent to disclose all details within your application to the Australian Executor Trustees, as the trustee of the Noske Estate, upon submitting your application.

Disclaimer: Grants are limited to no more than \$150 per successful applicant and are allocated at the discretion of the Julia Farr Association, whose decision is final. Partial funding may be allocated. No guarantee of a grant is given as the total funds available are limited.

**APPLICATIONS MUST BE RECEIVED BY
5:00PM ON FRIDAY 30 AUGUST 2019**

If you need help with this form or have a question please contact Katie Bonner via the details below.

To apply, please complete and send this application form to:

Address: JFA Noske Christmas Fund, PO Box 701 Unley Business Centre SA 5061

Email: katieb@purpleorange.org.au

Telephone: (08) 8373 8333 **Fax:** (08) 8373 8373

This form must be completed in **full**. If you have any questions please contact our office on (08) 8373 8333 before submitting your application

Application ID (JFA Office Use Only)						
Name			Date of Birth			
Email			Phone			
Address						
Suburb			State		Post Code	
Are you an adult living with a physical disability, acquired brain injury, or degenerative neurological disorder?					Yes	No
Please provide details						
Do you receive, or are you eligible for, a Disability Support Pension or equivalent?					Yes	No
If you receive an equivalent pension, please advise below what this is						
If you answered Yes, please provide your CRN						
What item/activity do you wish to apply for?						
How would this item/activity benefit you?						
Amount requested (up to \$150)						
Is the item/activity legal? (funds cannot be used for gambling or to purchase illegal substances)					Yes	No
Bank Details (successful applicants will receive their grant via electronic funds transfer)						
Name that the account is held in			Bank Name			
BSB Number			Account Number			
If payment is being made to a Public Trustee Account , please advise Public Trustee contact details so that we can advise them of payment:						
BSB Number			Account Number			
Account manager name						
Phone						
Email						
If payment is being made to an Australian Executor Trustee Account (AET) , please advise AET contact details so that we can advise them of payment:						
BSB Number			Account Number			
Account manager name						
Phone						
Email						

****important notice****

If you change your bank account details between submitting this application form and December, please contact our office to advise us of this change. Please note that if your application is approved and your bank account details change but you fail to inform us, we cannot ensure you will receive funds in a timely manner.

Declaration of Applicant and Appointed Guardian if appointed: *I consent to payment of funds in accordance with payment instructions provided in the above Bank Details. I declare the information provided in this application is true and correct and I will use the grants for the intended purpose. I consent to disclose all details within this application form to the Australian Executor Trustees as the trustee of the Noske Estate.*

Date		Applicant Signature	
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Appointed Guardian signature (if applicable)	
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Details of person completing this form if not the applicant

Name		Email	
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Phone		Organisation/Address	
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****important notice****

It is advised that you follow up with a call to our office on (08) 8373 8333 to ensure we have received your application before the closing date, Friday 30 August 2019.