## 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. <u>Therefore, not every applicant will receive a grant</u>. 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 <u>28 AUGUST 2020</u>**

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:** admin@purpleorange.org.au

 This form must be completed in  $\underline{\text{full.}}$  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 neurologica	~	physical dis	sability, acquired b	rain injury,	or degene	erative		Yes	No
Please prov	ride details								
Do you rece	eive, or are you eli	gible for, a	Disability Support	Pension or	equivalent	t?		Yes	No
If you recei	ve an equivalent p	ension, ple	ase advise below	what this is					
,									
If you answ	ered Yes, please p	rovide vou	r CRN						
If you answered Yes, please provide your CRN  What item/activity do you wish to apply for?									
,	, ,	,							
How would this item/activity benefit you?									
	· · · · · ·	·		L					
	quested (up to \$15 available funds*	50)							
Is the item/activity legal? (funds cannot be used for gambling or to purchase illegal substances)  Yes  No									
Bank Detai	ls (successful appl	icants will i	eceive their grant	via electro	nic funds	transfer)			
Name that account is h				Bank Nam	е				
BSB Numbe	er			Account N	lumber				
	s being made to a of payment:	Public Trus	<b>stee Account</b> , plea	se advise P	ublic Trus	tee conta	act details s	o that we	e can
BSB Numbe	er			Account N	lumber				
Account m	anager								
Phone									
Email									
	s being made to a se them of payme		n Executor Truste	e Account (	(AET), plea	ase advis	e AET conta	ct details	so that
BSB Numbe	er			Account N	lumber				
Account m	anager								
name									
name Phone									

**important no	otice**
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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						
Appointed Guardian signature (if applicable)								
Details of person completing this form if not the applicant								
Name		Email						
Phone		Organisation/Address						

<sup>\*\*</sup>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 28 August 2020.