



APPLICATION FORM – DENTAL GRANT
Queensland Health – Oral Health Care Program

MR/MISS/MS/MRS/OTHER FIRST NAME:		SURNAME:	
DATE OF BIRTH: AGE:		MALE / FEMALE	
ADDRESS:			
TOWN/CITY:		POSTCODE:	
PHONE:	MOBILE:	EMAIL:	
IF YOU ARE CURRENTLY IN PRISON, WHAT IS YOUR EXPECTED RELEASE DATE?			
ARE YOU REGISTERED WITH THE FORDE FOUNDATION?		YES / NO	
If you are not registered with the Forde Foundation, please complete and return a Forde Foundation Registration Form.			
ARE YOU CURRENTLY A PATIENT AT A PUBLIC DENTAL CLINIC?		YES / NO / UNSURE	
If you are currently a patient, which clinic?			
WHAT TREATMENT DO YOU NEED?			

WHAT IS THE URGENCY FOR THIS TREATMENT:	LOW / MEDIUM / HIGH
<p>HOW WILL THIS TREATMENT HELP YOU? (please tick one or more)</p> <p><input type="checkbox"/> Advancing health - preventing and relieving sickness, disease or human suffering</p> <p><input type="checkbox"/> Advancing social or public welfare</p> <ul style="list-style-type: none"> <input type="checkbox"/> relieving the poverty, distress or disadvantage of individuals or families <input type="checkbox"/> caring for and supporting the aged; or individuals with disabilities. <p><input type="checkbox"/> Other benefit that may be regarded as comparative to, or within the spirit of, any of the purposes mentioned above – relieving the necessitous circumstances of one or more individuals who are in Australia.</p> <p>The definition of <i>advancing</i> includes protecting, maintaining, supporting, researching and improving.</p>	
Declaration	
<p>I have read the guidelines and fully understand that my application may not be successful and decisions of the Forde Foundation are final.</p> <p>I declare that the information in this application is correct to the best of my knowledge.</p> <p>I hereby give my consent for the Forde Foundation to provide my grant details to the Public Trustee if my grant application is successful in order that the Public Trustee may make payment(s) from the Forde Foundation Trust.</p> <p>I hereby give my consent for the Forde Foundation to provide my contact details to Queensland Health for the purpose of making a dental appointment with me.</p>	
Signature:	Date:

Privacy Notice
<p>The Forde Foundation will collect your personal information for the purpose of assessing your grant application and payment of grant invoices from the Forde Foundation Trust Fund. Your personal information will be managed in accordance with the <i>Information Privacy Act 2009</i>.</p>

Please return completed form to:
The Forde Foundation, GPO Box 806, Brisbane, Qld, 4001