



**APPLICATION FORM – DENTAL GRANT  
Interstate and/or Private Dentist**

|   |         |                     |  |
|---|---------|---------------------|--|
| MR/MISS/MS/MRS/OTHER<br>FIRST NAME:   |         | SURNAME:            |  |
| DATE OF BIRTH:<br><br>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 yet registered with the Forde Foundation, please complete and return a Forde Foundation Registration Form. |         |                     |  |
| WHAT TREATMENT DO YOU NEED?   |         |                     |  |
| WHAT IS THE URGENCY FOR THIS TREATMENT:   |         | LOW / MEDIUM / HIGH |  |

HOW WILL THIS TREATMENT HELP YOU? (please tick one or more)

- Advancing health - preventing and relieving sickness, disease or human suffering
- Advancing social or public welfare
  - relieving the poverty, distress or disadvantage of individuals or families
  - caring for and supporting the aged; or individuals with disabilities.
- 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.

The definition of *advancing* includes protecting, maintaining, supporting, researching and improving.

NAME OF DENTIST:

DENTIST'S ADDRESS:

TOTAL AMOUNT QUOTED: \$

QUOTE ATTACHED  Yes

### Declaration

I have read the guidelines and fully understand that my application may not be successful and decisions of the Forde Foundation are final.

I declare that the information in this application is correct to the best of my knowledge.

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.

I hereby give my consent for the Forde Foundation to contact my provider to discuss payments and a treatment plan.

Signature:

Date:

### Privacy Notice

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 *Information Privacy Act 2009*.

**Please return completed form to:**

The Forde Foundation, GPO Box 806, Brisbane, Qld, 4001