

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

MR/MISS/MS/MRS/OTHER FIRST NAME:		SURNAME:	
DATE OF BIRTH: AGE:		Male / Female / Other / Prefer not to say	
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)

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

- 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/need* circumstances of one or more individuals who are in Australia.

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.

Please return completed form:

By Post: The Forde Foundation, Locked Bag 3405, Brisbane, Qld, 4001

By Email: fordefoundation@csw.gov.au