

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

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^y* circumstances of one or more individuals who are in Australia.

Privacy Notice

The Forde Foundation will collect your personal information to assess your grant application. If the Forde Foundation makes recommendations to the Public Trustee to approve your grant, your personal information will be disclosed to the Public Trustee for his approval and payment of the grant from the Forde Foundation Trust Fund. Your personal information will also be disclosed to Queensland Health to arrange treatment.

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 provide my contact details to Queensland Health for the purpose of making a dental appointment with me.

Signature:

Date:

Please return completed form either by post or email.
By post: The Forde Foundation, Mail Bag 3405, Brisbane, Qld, 4001
By email: fordefoundation@csyw.qld.gov.au