



THE WILSON HOME TRUST  
*Grants to enable - making a difference*

# Family Holiday Grant Application Form

## ABOUT THE GRANT

The purpose of the holiday grant is to support a family who is in significant need of time out and pay for accommodation and related costs within New Zealand. Up to the maximum amount is **\$2,000** exclusive of GST (\$2,300 inclusive of GST) in total per family before the child turns 22 years. Please note that we will not accept any retrospective applications i.e., for holidays / day trips that have already been taken.

Day trips to attractions throughout New Zealand are included as part of our holiday grant fund.

Only one application can be made every twelve months.

## TO BE ELIGIBLE FOR A GRANT THE CHILD / YOUNG ADULT MUST

- **Have a disability that is primarily physical – Physical disabilities** are those which **primarily impair function** of body and / or limbs. Additional sensory (vision, hearing) and intellectual (cognitive, behavioral, mental) disabilities may be present, but will not be the primary reason for the funds requested.
- The child or young person's **disability needs to be described in terms of the impairments, activity limitations and / or participation restrictions**, as per the terms used by the World Health Organization: "Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations". (<https://www.who.int/topics/disabilities/en/>) Causes may include a range of medical diagnoses, congenital or acquired.
- Be younger than 22 years.
- Live in the northern half of the North Island of New Zealand (as defined by the Trust Deed).
- The family has a need for financial assistance.
- The planned holiday is at least 20 working days from the date of the application.

**Ethnicity:** We request information in the application form about the child / young adult's ethnicity because we are required to report on ethnicity ensuring there is a focus on Maori and Pacific communities to reduce health inequities.

## CHECKLIST

### First time applicants must include:

- Person applying for the grant must supply proof of identity – e.g., copy of driving licence or passport.
- Proof of the child's / young adult's diagnosis – medical certificate or letter from a health professional confirming diagnosis

### All applicants are required to attach the following:

- A copy of the parents / young adults Community Services Card

### For child / young adult who has attended Rehab at the Wilson Centre

- Please provide an updated diagnosis letter from your health professional

### Please note:

- Once the Holiday Grant has been approved, receipts up to \$2,000.00 excluding GST (\$2,300.00 inclusive of GST) for accommodation and travel can be sent by email to [info@wilsonhometruster.org.nz](mailto:info@wilsonhometruster.org.nz) for reimbursement or alternatively, Wilson Home Trust can make payment directly to the accommodation provider.

**APPLICANT'S DETAILS: (PERSON COMPLETING FORM)**

**DATE:**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**PARENT / CAREGIVER DETAILS**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CHILD'S DETAILS**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Describe the physical disability that relates to the need that you are applying for:**

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**REQUESTED DATES FOR HOLIDAY:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Number of nights:** \_\_\_\_\_ **Preferred location:** \_\_\_\_\_

**Accommodation Cost:** \_\_\_\_\_ **Other costs e.g., travel costs:** \_\_\_\_\_

**Amount requested (including GST):** \_\_\_\_\_

**FURTHER DETAILS:**

Is the child a New Zealand Citizen or Permanent Resident? Yes  No

Has the child received funding from the Wilson Home Trust before? Yes  No

If yes, please provide details of how much and when:

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If this is the first time you are applying for a Wilson Home Trust Grant, how did you hear about us?

<input type="checkbox"/> Health Professional – e.g., GP, OT, Paediatrician, etc.	<input type="checkbox"/> School
<input type="checkbox"/> Recommended by a friend or colleague.	<input type="checkbox"/> Social Media

<input type="checkbox"/> Search Engine – e.g., Google Chrome, etc.	<input type="checkbox"/> Other – please specify:
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**FINANCIAL NEED:**

To demonstrate a financial need, parents / caregivers are required to have a Community Services Card (this does not include the child’s Community Service Card)

Please attach a copy of your Community Services Card.

## Bank Account Details

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

## Wilson Home Trust – Monthly Newsletter

I would like to receive the e-news from The Wilson Home Trust:      Yes  No

If yes, please supply email address below:

Email address: \_\_\_\_\_

**CONTACT:**

Trust Administrator on 09 488 0126 or 0800 948 787 or email [info@wilsonhometrust.org.nz](mailto:info@wilsonhometrust.org.nz) if you have any questions regarding this application.

**NB:** By submitting this application, you consent to the Wilson Home Trust retaining and possibly sharing the information with other parties to verify and / or support the application.