



VIET NAM VETERANS AND THEIR FAMILIES TRUST APPLICATION FORM

All sections of this application form must be completed.

Please provide as much information as possible. This will help the Trustees make their decision.

NAME OF APPLICANT (Your Full Name)

Date of birth:

CONTACT PERSON REGARDING THIS APPLICATION

Name and Postal Address:

☎ Phone (Work)

☎ Phone (Home)

✉ Email

☎ Mobile

1.

The name of the NZ Viet Nam Veteran that that this application relates to.

.....
Service Number:

Unit Served With:

2.

If you (as the applicant) are not the NZ Viet Nam Veteran please state your relationship to the Veteran and provide information that confirms your relationship to the Veteran, (i.e. copy of birth certificate, marriage certificate, death certificate or note from a Welfare Officer/kaumatua).

3.

Have you registered with VANZ? **YES / NO**

4.

Have you applied to any other agency for this help? **YES / NO**

Have you received any funding? **YES / NO**

5. For applications associated with hardship or poverty, please provide clear details of your personal financial situation and circumstances to show why you are unable to fund the goods or services which you are seeking from the Trust.

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6. How much money are you seeking? (If you want money for several purposes – please list them.) Please supply two quotes to support your application and, if the application relates to home improvements, please confirm who owns the property.

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7. What will you do with the money? (How will this grant help you?)

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8. If the Trust is unable to fund the full amount requested, would a smaller grant still be of assistance?

YES / NO

Payment of grants

All grants are paid by direct credit into a bank account. Please complete details below and provide evidence to verify your bank account details eg. a bank deposit slip or statement

Name on Bank Account
Name of Bank
Branch.....
Full Account Number.....

If to be paid by direct credit into an overseas bank account please complete details below:

BSB or Routing No
Account No or IBAN
Account Name
Swift Code
Bank Name
Branch Name
Branch Address

Information sharing

By signing this application form; you consent to the Trust sharing information with, and gathering information from, other organisations e.g. the Royal New Zealand Returned and Services Association (RNZRSA) or private persons, for the purpose of assessing the application.

You may also consent to the Trust sharing information relating to your application with other organisations for the purpose of determining whether those organisations may offer you funding assistance. You may opt to consent or refuse consent to such information sharing (see below).

Declaration

- I consent to the Trust sharing my information with other organisations or private persons for the purpose of determining whether they can help me with funding assistance.
- I do not want to share my information with any other organisation or private person

I certify that to the best of my knowledge the information in this application is complete and correct.

Signature of the applicant: Date:.....

Signature and name of person who filled out the form, if not the applicant.

Name:Signature:..... Date:.....

SUPPORT PERSON REFERENCE FORM

Guidelines for filling out this form

Thank you for assisting the veterans' community by being a Support Person. The quality of what you say can make a major difference.

This section should be filled out by a person who has sufficient knowledge of the applicant but is not a family member.

The Trustees encourage the Support Person to provide as many details as possible in response to the questions below. We are not trying to pry, but remember the Trustees do not know every applicant's circumstances. The better the information you give us, the more likely it is that we will be able to help the applicant. If you explain the situation clearly, you will help us to help them.

Return this form together with the application to: trusts@dia.govt.nz or

Trust Advisor, Viet Nam Veterans and their Families Trust, PO Box 805, Wellington 6140.

1.	Name of Support Person:	
2.	Address:	Phone (Work):
		Phone (Home): Mobile:
		Email:
3.	Name of applicant this reference is in support of:	
4.	Name of New Zealand Viet Nam Veteran this application relates to: Service Number: Unit Served with:	
5.	How long have you known the applicant and what is your relationship to them?	

6. What are the applicant's current circumstances?

(If appropriate, please give details about the applicant's health and its effect on the applicant and/or their family. If the application is for renovations, please tell us if these are required for health reasons.)

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7. Describe how the applicant is meeting their needs and coping with their circumstances currently.

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8. Tell us how a grant will make a difference to the applicant's life.

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9. Is there any other information you consider will assist the Trustees in their consideration of this application?

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Declaration

I declare that the details I have given in this Support Person Reference Form and that the details provided in the application form are true and correct to the best of my knowledge.

Signature: Date:



Checklist

- Please complete the checklist below to ensure your application is complete:
- I have completed all sections of the application form.
- I have provided details of my financial circumstances to show poverty and hardship.
- The Support Person Reference Form has been completed by someone who is not a family member.
- For applications requesting more than \$2,000, two quotes are attached.

Send your completed application to:

Email: trusts@dia.govt.nz

Post: Viet Nam Veterans and Their Families Trust
Department of Internal Affairs
PO Box 805
WELLINGTON 6041

Courier: Viet Nam Veterans and Their Families Trust
Department of Internal Affairs
45 Pipitea Street
Thorndon
WELLINGTON 6011