



Muscular Dystrophy  
New Zealand

APPLICATION FORM  
Bradley Jenkin Memorial Fund

**Note:** You must be a registered member, and have a neuromuscular condition that is covered by MDANZ, to apply to this fund.

Once completed, send all pages of the application to [info@mda.org.nz](mailto:info@mda.org.nz).

<b>Applicant name:</b>		<b>Membership number:</b>	
<b>Email:</b>		<b>Phone:</b> <b>Mobile:</b>	
<b>Address:</b>		<b>Preferred contact method:</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Post <input type="checkbox"/> Email
<b>Condition:</b>		<b>Date of birth:</b>	

1. Please describe the resource/equipment/activity you are seeking funding for?
2. How will this resource/equipment/activity enhance your life?

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<p>3. Does this resource/equipment/activity meet criteria for government funding? Yes / No</p> <p>(Please provide evidence where possible, e.g. copy of decline letter or eligibility criteria for Ministry of Health.)</p>	
<p>4. Amount you are applying for: \$_____</p> <p>Are you applying to MDANZ for full or partial funding?      Full / Partial</p> <p>If you are applying for partial funding, how will you make up the difference required?</p>	
<p>5. Please attach cost evidence for the item(s) you are seeking funding for, to your application. This could be a quote from the company you are looking to purchase the item from, or a receipt or invoice if you have already purchased the item.</p> <p><b>Quotes/invoices must not be older than 3 months.</b> <b>Applications without cost evidence will not be considered.</b> <b>Funds must be spent within 3 months of a successful applicant being notified.</b></p>	
<p><b>I declare that all information contained in this application is true and correct.</b> <b>I consent to MDA contacting a supplier to verify costs and/or any person who is identified on supporting evidence, in relation to this application.</b></p>	
<b>Signature:</b>	
<b>Name and relationship to applicant: (if applying on behalf of someone else)</b>	
<b>Date:</b>	

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### Supplier Information:

<b>Company:</b>			
<b>Contact person:</b>		<b>Role:</b>	
<b>Phone number(s):</b> <b>Email:</b>			
<b>Reference: (e.g. quote or invoice number)</b>			

**Additional Notes:** (Optional information that may assist MDANZ with your application)

### Application check list

Before submitting your application, please check that you have:

	Consulted with your fieldworker for advice/a letter of support
	Included details of <b>what</b> you are applying for
	Included details of <b>why</b> you are applying
	Eliminated other funding options ie Enable, Individualised Funding, Lotteries, Workbridge, ORS, Accessable
	Attached a current invoice or quote (no older than 3 months)
	Ensured you can spend the grant within 3 months if your application is successful

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