

THE HEALTHCARE OTAGO CHARITABLE TRUST

General Application for Funds (Otago) Southern District Health Board Applicants only.

(This application form is to be used for all applications for funds up to \$5,000)

- The trust is supportive of staff training and is prepared to share costs with the SDHB.
- Trust policy is that a grant may be given for a conference, course or meeting up to **50% of the budgeted total** cost with a maximum grant of **\$1,500**.
- Where two or more applicants wish to attend the same conference or course the maximum combined payments will not exceed \$3,000.
- The trust does not fund tertiary education for the purpose of gaining a diploma or degree.
- Applications for equipment of above \$1,000 must be supported by two cost quotations.

1.	Service/ Department:							
	Conference/ Course/ Equipment:							
	Location (for education appns)							
	Total Costs: \$							
	Amount requested from The HCOCT (excl GST): \$							
	SDHB Cost centre code (for payment):							
2.	Applicant name (please print):							
	Position:							
	E-mail address:							
	Applicant signature:Date:							
	LL O							



3.	Service Manager (please print):					
	Service Manager signature:Date:					
4.	General Manager endorsement (required only if application is over \$1,000)					
	General Manager endorses application confirming that funding sought complies with the organisation's guidelines and the objectives of the respective service.					
	Name (please print):					
	Position (please print):					
	Signature:					
5.	Purpose of grant:					
	•••••••••••••••••••••••••••••••••••••••					
	•••••••••••••••••••••••••••••••••••••••					
6.	Benefits to applicant(s) or their service that is consistent with the trust's purpose:					
	(This is an important consideration to the trust when approving funds and applicants should fee free to attach an extra page of information.)					
	•••••••••••••••••••••••••••••••••••••••					
7.	Please let us know what areas and communities of Otago will benefit from this application:					
	•••••••••••••••••••••••••••••••••••••					



Email completed applications and supporting documentation to:										
	secretary@hcocharitabletrust.co.nz									
OR	Secretary The Health PO Box 584 Dunedin 90	48	Charitable Tro	ust						
				in H in	ICOCT can include include ICOCT can include ICOC	application, The ude any grant				
FOR OFFI	CE USE ONLY	(
Confirmed	:			Date:	:		_			
Amount approved: \$										
SDHB cod	е			Trust Fund:						
Region applied to:										
Dunedin	Alexandra	Balclutha	Cromwell	Kurow	Lawrence	Milton				
Oamaru	Palmerston	Ranfurly	Roxburgh	Tapan	ui Wanaka	Other				