

## 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 of less than \$5000)

- 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 \$1500.
- Where two or more applicants wish to attend the same conference or course the maximum combined payments will not exceed \$3000.
- The trust **does not fund** tertiary education for the purpose of gaining a diploma or degree.
- Applications for equipment of above \$1000 must be supported by two cost quotations.

1. Service/ Department: \_\_\_\_\_

Conference /Course/ Equipment: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_  
(for education apps)

Total costs: \$ \_\_\_\_\_ SDHB approved support: \$ \_\_\_\_\_

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

3. Service Manager (please print): \_\_\_\_\_

Service Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. General Manager endorsement (required only if application is over \$1000)

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: \_\_\_\_\_ Date: \_\_\_\_\_

5. Purpose of Grant:

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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 feel free to attach an extra page of information.)

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**Email completed applications and supporting documentation to:**

[secretary@hcocharitabletrust.co.nz](mailto:secretary@hcocharitabletrust.co.nz)

**or post to: The Secretary**

**The Healthcare Otago Charitable Trust**

**PO Box 5848**

**DUNEDIN 9058**

**Please note: Unless otherwise informed on this application, The HCOCT can include any grant information on their website. <https://hcocharitabletrust.co.nz/>**

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**FOR OFFICE USE ONLY:**

Confirmed:                      Date:                                      Amount approved: \$

SDHB Code:                                      Trust Fund:

Account no:

Region applied to:

Dunedin      Alexandra      Balclutha      Cromwell      Kurow      Lawrence      Milton

Oamaru      Palmerston      Ranfurly      Roxburgh      Tapanui      Wanaka      Other

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