



## SUNSHINE COAST – RALLY FOR A CAUSE Beneficiary Nomination/Application Form

Rally for a cause has been established to provide short term, immediate support to Sunshine Coast families affected by life-limiting medical conditions, personal tragedy or detrimental circumstances beyond their control.

Applications and/or nominations are assessed by a selection committee and two members of our local community (including one with medical knowledge), who are independent of the charity.

To ensure we are consistent and fair in the distribution of funds we have a policy that is followed and the following guidelines are used by the selection committee to assess who will receive our support.

### Eligibility Criteria

1. Applications will be accepted from either individuals or organisations, however donations will only be issued to individuals deemed suitable under the criteria.
2. At the committee's discretion, donations may be in the form of: vouchers; provision of goods/ services; or the direct payment of invoices made out either the recipient or to Rally for a Cause for the supply of goods/services to the nominated recipient. Applicants are asked to provide information and supporting evidence (if available) on what support would be most beneficial.
3. The aim of the donation is to support individuals and/or families to provide relief and/or enhance their quality of life when affected by life-limiting medical conditions and/or disrupted by detrimental circumstances beyond their control.
4. Recipients must be aged under 65 years and reside within the geographic boundaries of the Sunshine Coast Regional Council or Noosa Regional Shire. In situations where the individual or family is currently residing outside of this area, in order to obtain necessary medical treatments, they must intend to return to the region.
5. Applications must be received using the designated form and supporting documentation may only be included to provide specific information that will enhance the committee's understanding of the circumstances faced by the proposed recipient.
6. All applicants will be notified in writing of the outcome of the submission, however the decision of the committee is final and no further discussion will be entered into regarding the outcome of the application.

Levels of support are determined in alignment with the specific criteria set out in the Rally for a Cause funds distribution policy. To see the entire policy, please visit our website at [www.rallyforacause.org.au/recipient-policy/](http://www.rallyforacause.org.au/recipient-policy/)

Once a successful application/nomination is passed and the level of support that can be provided is determined, Rally for a Cause will work with the selected individual or family to determine the most appropriate way we can assist them.

#### Nominator/Applicant's Details

<b>Full Name</b>			
<b>Organisation (if applicable)</b>			
<b>Phone</b>		<b>Mobile</b>	
<b>Postal Address</b>			
<b>Email</b>			
<b>Relationship to proposed recipient</b>			

#### Proposed Recipients Details

<b>Full Name</b>			
<b>Carer's Name (if applicable)</b>			
<b>Phone</b>		<b>Mobile</b>	
<b>Postal Address</b>			
<b>Email</b>			
<b>Age</b>		<b>DOB (if known)</b>	

## Questionnaire

### A. RECIPIENT'S CIRCUMSTANCES

Is the proposed recipient affected by a/an:

#### **ILLNESS**

Is this a life-limiting medical condition:  Yes  No  Unsure

Please outline the diagnosis and prognosis: \_\_\_\_\_

The proposed recipient has been diagnosed/affected by this illness since:

Within the last month  Within the last 6-12 months  More than 12 months

#### **DISABILITY**

Please outline the proposed recipients condition: \_\_\_\_\_

The proposed recipient has been affected by this condition since:

Within the last month  Within the last 6-12 months  More than 12 months/Birth

#### **TRAGIC CIRCUMSTANCE**

Please outline the proposed recipient's circumstances: \_\_\_\_\_

### B. SUPPORT

Rally for a Cause may be able to provide short-term, immediate support - what kind of support would benefit the proposed recipient. Please give details:

Assistance with family living expenses \_\_\_\_\_

Reimbursement of out-of-pocket medical expenses \_\_\_\_\_

Funds to purchase specific aides or equipment to support recipient \_\_\_\_\_

In-kind support (e.g. services). \_\_\_\_\_

Other: \_\_\_\_\_

### C. NOMINATION DETAILS

Please outline your reason for nominating this proposed recipient: \_\_\_\_\_

*PLEASE NOTE: Assistance that may be available has an upper limit depending on the approved recipient's circumstances, please see the website for the criteria of specific levels of support and the funds distribution policy.*

I have supplied supporting documentation to enhance the committee's understanding of the circumstances faced by the proposed recipient.

Is the proposed recipient aware this submission is being made?  Yes  No  Unsure

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email form to [admin@rallyforacause.org.au](mailto:admin@rallyforacause.org.au) or post to Rally for a Cause, PO Box 374, Hervey Bay QLD 4655.  
Queries may be directed to 0410 664 940.