

JOSEPH SERIDIS TRUST FUND

Uniting Communities – PO Box 2534, ADELAIDE SA 5001
ABN: 76 456501284

APPLICATION FOR HOLIDAY ACCOMMODATION ASSISTANCE

Name of Applicant
Dr, Mr, Mrs, Miss, Ms (please circle)
Relationship to Person requiring assistance?

Name of Person Requiring Assistance
Dr, Mr, Mrs, Miss, Ms (please circle)
Does the person / family know of this application? Yes No

Age of Person Requiring Assistance

Postal Address

Telephone Numbers (H) (W)
Mobile:

Detailed Description of Holiday Expenses being requested:

Amount of assistance being requested \$
Is this the Full Amount Part Amount

Personal History and Description of Person's Needs

Person's Disability Pension Card Number

Please State Reasons for this holiday assistance (including relevant family details)

Please add extra pages if more explanation is required

Letter of Support from:
Position:

Date of Application

Signature of Applicant

The information requested on this form is collected for the purpose of assessing individual applications to the Joseph Seridis Trust Fund. This information will remain confidential and be stored by the Joseph Seridis Trust Fund at Independent Living, Uniting Communities. Access to the information supplied can be made by application to the Trustees. Please contact the Trustees at the above address with any queries or complaints regarding Privacy and Personal Information.