



Defence Special Needs Support Group Inc

PO Box 31 Deakin West, ACT, 2600
1800 037 674

ABN 68 090 485 608

Computer 4 Kids Program Application Form

Parents / Guardian Name: _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Phone 1: _____ Phone 1: _____
Email: _____ @ _____
Service: NAVY ARMY AIR FORCE

Nominee Information:

Name: _____
DOB: ____/____/____ MALE FEMALE
Special Need/s: _____

Are you a Member of DSNSG? YES NO

Please tick the box of which category you are in:

Full Member

A Defence member, spouse or de-facto spouse of a Defence member who has or had a dependent with a special need; or a Defence Reserve member, spouse or de-facto spouse of a Defence Reserve member who has or had a dependent with a special need; or a retired Defence member, spouse or de-facto spouse of a retired Defence member who has been a Defence member for at least six years and has had continuous involvement with the Society.

Associate Member:

A spouse or de facto spouse of a Defence member or a Reserve member who is separated from the Defence member or the Reserve member, but who still provides care for the dependent with a special need or An Individual who, or organisation which, are interested in and support the aims of the Society. As per our constitution: That falls under 18.2.4 a is not entitled to access DSNSG programs or utilise the DSNSG subsidy for attendance at other activities

Medical History - (Please attach all relevant medical documents. Current medical supporting documentation, from a Specialist. e.g. Letter from an Occupational Therapist, Speech Pathologist etc. *Please note: a letter from a GP is not sufficient*).

Have funds for this item been sought elsewhere? (if yes please supply)

No Yes

Signature: _____ Date: ____/____/____

By signing this document, you agree that all information is true and accurate

The information you provide will be stored in confidence in accordance with the SA Privacy Act of 1988, DSNSG Constitution, Policy & Procedures; your details are only seen by the National Committee.

Please return this form to: computer4kids@dsnsg.org.au

OFFICE USE ONLY

	DATE	SIGNATURE
Member of DSNSG		
Application and Criteria Sent		
Application Received		
Approved Y/N		
Date Letter sent of acceptance or denial		
Invoice sent to member		
Member contribution received		
iPad ordered		
iPad arrived		
Survey Sent		

Version Control: Revision and Approval History:

Date	Version	Approved by	Amendment notes