



Defence Special Needs Support Group Inc.

PO Box 31 Deakin West, ACT, 2600

1800 037 674

Computer4kids@dsnsg.org.au

C4K APPLICATION FORM

Nominee Name:

Parents Name:

Address:

Suburb:

State:

Postcode:

Phone 1:

Phone 2:

Email:

Service ARMY

AIRFORCE

NAVY

DEPENDENT INFORMATION

Dependent 1

Name:

DOB:

Male:

Female:

Special Need/s:

Dependent 2

Name:

DOB:

Male:

Female:

Special Need/s:

Dependent 3

Name:

DOB:

Male:

Female:

Special Need/s:

Dependent 4

Name:

DOB:

Male:

Female:

Special Need/s:

Dependent 5

Name:

DOB:

Male:

Female:

Special Need/s:



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Are you a Member of DSNSG

Yes

No

Please tick the box of which category you are in:

- 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.
- 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.

Medical History -

(Please attach all relevant medical documents)

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

Yes

No

Signature:

Date:

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

In accordance with the privacy ACT, DSNSG Constitution, Policy & Procedures; your details are only seen by the National Committee.

OFFICE USE ONLY

	Date	Signed
Member of DSNSG?		
Form Received		
Date Approved		
Date iPad Ordered		
Date iPad Received		