



Muscular Dystrophy
New Zealand

APPLICATION FORM
Bradley Jenkin Memorial Fund

Note: You must be a registered member and have a neuromuscular condition that is covered by the MDA to apply to this fund. Once completed, all pages of the application form must be sent to info@mda.org.nz

Applicant Name:		Membership Number:	
Email:		Phone: Mobile:	
Address:		Preferred Contact Method:	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Post <input type="checkbox"/> Email
Condition:		Date of Birth:	

1. Please describe the resource/equipment/activity you are seeking funding for?
2. How will this resource/equipment/activity enhance your life?



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<p>3. Does this resource/equipment/activity meet criteria for government funding? Yes / No</p> <p>(Please provide evidence where possible, e.g. copy of decline letter or eligibility criteria for Ministry of Health.)</p>	
<p>4. Amount you are applying for: \$_____</p> <p>Are you applying to MDA for full or partial funding? Full / Partial</p> <p>If you are applying for partial funding, how will you make up the difference required?</p>	
<p>5. Please attach cost evidence for the item(s) you are seeking funding for, to your application. This could be a quote from the company you are looking to purchase the item from, or a receipt or invoice if you have already purchased the item.</p> <p>Applications without cost evidence will not be considered.</p> <p>Please note: Funds must be spent within 3 months of a successful applicant being notified.</p>	
<p>I declare that all information contained in this application is true and correct.</p> <p>I consent to MDA contacting a supplier to verify costs and/or any person who is identified on supporting evidence, in relation to this application.</p>	
Signature:	
Name & Relationship to Applicant: (if applying on behalf of someone else)	
Date:	

MDA Member's Bradley Jenkin Memorial Fund	Date Implemented: June 2019	Last review date: February 2020
Page 2 of 3	Authorised by: Chief Executive	Next review date: February 2021



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Supplier Information:

Company:			
Contact Person:		Role:	
Phone Number(s): Email:			
Reference: (e.g. Quote or Invoice number)			

Additional Notes: (Optional information that may assist the MDA with your application)

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