



Therapy Scholarship Application Form

Ten Therapy Scholarships are available for families to access therapy services provided by Kids Are Kids! in 2019.

Apex Perth has generously donated:

- 2 Gold Scholarships valued at \$2,500 each
- 5 Silver Scholarships valued at \$2,000 each

The Accounting Department has generously donated:

- 1 Platinum Scholarship valued at \$5,000

Northern Trust has generously donated:

- 1 Platinum Scholarship valued at \$5,000

And we proudly announce:

- 1 Kids Are Kids! Sue Goss Scholarship valued at \$2,000



Entries close Friday 7th December 2018 at 3pm.

Kids Are Kids! are pleased to be able to offer a number of Therapy Scholarships again this year, with thanks to the generous support of The Accounting Department, Northern Trust, and the Apex Club of Perth.

Applications for 2019 Therapy Scholarships are **now open** to any family whose child is aged between 0 -18 years and who has additional therapy needs. Priority will be given to applicants whose child's needs are not fully being met and whose needs are across one or more of the areas of language and communication, social/emotional development, sensory development, gross/fine motor skills, cognitive and learning skills.

The closing date for applications is Friday 7th December 2018. Applications must be received by Kids Are Kids! no later than **by 3.00pm** on that day.

Applicants will be advised of the outcome of the application by post.

Families may choose to have an advocate fill this application out on their behalf, with their consent.

Applications will be treated in the strictest confidence.

Child's Name: _____

Date of Birth: _____

Contact Person ie Parent/Carer: _____

Address:

Street _____

Suburb _____ State _____ Postcode _____

Home telephone: _____

Mobile telephone: _____

Email: _____

A supporting letter from my GP/Paediatrician is enclosed (Optional)

Is the child an Australian citizen or permanent resident? **Yes** **No**

If no please give details _____

Please answer all questions in the application form and provide as much information as possible in each section. Additional reports or supporting documents may be attached to this application.

1. Profile of your Child's Situation – please describe the type of disability/difficulties your child has using the categories below, schooling, family situation, the effect and impact of the difficulty on the family and the child's quality of life.

Language and communication

Self care, self regulation and life skills

Social/emotional development

Sensory development

Gross/fine motor skills

Cognitive and learning skills

Impact on the family

2. Therapy Needs – please describe the most important therapy services your child would benefit from, including a list of the priority needs of your child.

Does your child require intensive/extensive therapy Yes No
If yes please describe

3. A) Previous Therapy Services – please describe the type and amount of therapy your child has received in the past and which organisation provided the therapy.

Which category below best reflects your previous therapy situation (please tick 1 box)

- No services ever received
- No services currently received but services received in the past 6 months
- Currently receiving services

3. B) Therapy Currently being Received – please describe the type and amount of therapy services your child currently receives and the provider.

Is the child registered with Disability Services Commission or Department of Communities-Disability? Yes No

Is the child receiving government funded therapy services? Yes No
(eg. Child Development Centre, DSC, NDIS, Helping Children with Autism, Betterstart)

4. Anticipated Outcomes – please describe how additional therapy services will benefit your child and your family.

How would additional therapy improve your child’s independence?

How would additional improve your child’s participation and inclusion in both home, school and community activities?

How would your family’s quality of life be improved?

5. Financial Considerations – please describe the current financial situation of your family and how a therapy scholarship may assist with any financial difficulties

To what extent is your family financially constrained (tick 1 only)

- Very disadvantaged
- Somewhat disadvantaged
- Coping OK
- Coping well
- No financial issues

Total annual household income (tick 1 only)

- \$0 - \$50,000
- \$51,000 - \$75,000
- \$76,000 - \$100,000
- \$101,000+

| | | |
|---|-----|----|
| Does your family have private health cover? | Yes | No |
| Does your family have a health care card? | Yes | No |
| Does your family have a carers' card? | Yes | No |

Declaration

I declare that all information presented in this application is true and correct.

Parent/guardian name: _____

Parent/guardian signature: _____

Date of application: _____

Send your application to: Lisa Hoffman, Executive Officer via

Mail: Kids Are Kids! PO Box 1096 Booragoon WA 6954
Hand delivery: Kids Are Kids! 26 Parry Avenue Bateman WA
Email: info@kidsarekids.org.au

Kids Are Kids! must receive your application in full **by Friday 7th December 2018.**

Thank you for registering your interest in the 2019 Therapy Scholarship Program.
