

ŌRAKA-APARIMA RŪNAKA INCORPORATED SOCIETY

175 Palmerston Street, Riverton, 9822

E: office@orakaaparima.org.nz

P: (03) 234 8192 / 0800 234 8192

W: www.orakaaparimarunaka.co.nz



HEALTHY OUTCOMES GRANT APPLICATION FORM

The aim of this grant is to financially support Ōraka-Aparima Rūnaka whānau with their vision, hearing and oral health.

This grant is for Ōraka-Aparima Rūnaka members only.

Applicants can apply for assistance with funding for any costs associated with vision, hearing and oral health, up to the value of \$200.

Applicants must provide receipts showing that the associated costs have been paid for or provide an invoice and request for payment to be made directly to the supplier.

The amount granted can vary depending on the support required and is decided on an individual basis.

Please complete the form below and send completed and signed, with any supporting documents through to office@orakaaparima.org.nz.

APPLICANT DETAILS

Full Name: _____ DOB: _____
First Last

Address: _____
Street Address

City Post Code

Phone: _____

Email: _____

FUNDING DETAILS

Details of health service and goods required:
(Attach proof of costs)

Grant Amount requested: \$ _____ Reimburse me or Pay Supplier

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BANK ACCOUNT DETAILS

Account Name: _____

Account Number: _____

Please attach proof of bank account

APPLICANT DECLARATION

I declare that the information given in this application is true and correct.

Signed by Applicant: _____ Date: _____

CHECKLIST

Please use this checklist to ensure your application is complete:

- o I am a registered Ōraka-Aparima Rūnaka member
- o Application form is completed and signed
- o Attached proof of costs (receipts or invoices/quotes), Invoices/quotes can be paid directly on request
- o Attached proof of bank account