

FAMILY GRANT APPLICATION FORM



Please read instructions carefully.

Complete **page 2** of this form and email it **together with any support information** to:
angelmannetwork@gmail.com

or post to:

c/o The Angelman Network

21 Wilson Road, RD 1, Warkworth, 0981, Auckland

The Angelman Network offers a Family Grant of \$300.00 to eligible NZ families to use towards costs related to attending conferences/workshops that will directly benefit the person with Angelman syndrome (AS). This grant can be used to assist with registration fees, related accommodation, or transport costs/flights (if/when applicable).

Criteria:

- Applicants must be NZ citizens/permanent residents
- Applicants must be signed up to the [Global Angelman Syndrome Registry](#)
- Applicants must be the fulltime carers or legal Welfare Guardian for a person with Angelman Syndrome
- If this is your first application, proof is required for the dependent person's diagnoses, eg. a geneticist report or letter from a GP/Specialist stating the Angelman syndrome diagnoses/genotype.
- Families can apply for a Family Grant once every two years.
- Proof of bookings for the conference/workshop and/or the accommodation and/or the travel costs must be provided, with a covering letter giving details of the event.
- The Family Grant must be used within 4 months of the date of approval.
- Please provide proof where requested/required.

Please note:

- If approved, funds will be deposited directly into your bank account.
- The number of available Family Grants allocated per annum will be limited to a quota decided on by the current Board of Trustees.
- The value and criteria of the Family Grant will also be reviewed annually.

You are responsible for:

- Booking your own conference/accommodation/travel
- Any cancellation fees
- Any charges over \$300

PAGE 2. INFORMATION REQUIRED:

Please print clearly.

1. Parent/Primary applicant's**a)** Full name:**b)** Address:**c)** Email:**d)** Phone numbers

(H):

(M):

2. Are you a NZ Citizen/Permanent Resident? Yes / No (please circle)**3. Bank info for grant payment:**

Full name on bank account:

Bank Account number:

4. Full name of person with AS:**5. Date of Birth of person with AS:****6. What is your relationship to the person with AS?:****7. Please sign to confirm you are a primary carer/legal welfare guardian** for the person with AS listed above:

Signature:

8. Name of GP/Specialist:

GP/Specialist's phone no:

9. Have you applied for a TAN Family Grant before? Yes / No (please circle)*If 'YES', when did you previously apply?***10. DATE** of signing up to the **Global Angelman Syndrome Registry:****I certify that the above information is correct/true:**

Name (please print).....

Signature:..... Date:.....

CHECK LIST. PLEASE ATTACH/SEND WITH PAGE 2:

- Proof of the Angelman syndrome diagnoses (IF THIS IS YOUR FIRST APPLICATION)
- Proof of booking for conference/workshop / or accommodation / or travel expenses