

## FAMILY GRANT APPLICATION FORM



connecting and supporting those affected by Angelman Syndrome

Please read instructions carefully.

Complete **page 2** of this form and email it **together with any support information** to:  
[angelmannetwork@gmail.com](mailto: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 paid-up members of The Angelman Network
- Applicants must be fulltime carers 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:

- A cheque will be posted to successful applicants.
- 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. **Primary applicant's full name:**.....2. **Are you a NZ Citizen/Permanent Resident?** Yes / No (please circle)**3. Info required for the cheque payment:***Full name the cheque will be made out to:* .....*Postal Address to send the cheque to:* .....

.....

.....

Postal Code: .....

Email:.....

Phone numbers

(H):.....

(M):.....

4. **What is your relationship to the person with AS?:**.....5. **Full name of person with AS:**.....6. **Date of Birth of person with AS:**.....7. Please sign to **confirm that you are a primary carer** for the person with AS 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?* \_\_\_\_\_**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
- A covering letter giving details of the event you wish to attend