HAEMOPHILIA FOUNDATION VICTORIA | For all bleeding disorders

HFV LIVEWELL APPLICATION FORM

About HFV LiveWell Grants

PURPOSE
LiveWell Grants are available to members of Haemophilia Foundation Victoria Inc. (HFV) that have a bleeding disorder or an immediate family member impacted as a result.

The purpose for the LiveWell Grant is to provide an opportunity to assist with an expense that would otherwise not be possible without assistance from HFV under this program.

AMOUNT
Although there is no absolute limit, as a guide, previously approved LiveWell Grants have generally been for amounts of between $50 and $500.

HOW TO APPLY
Individual members must complete the application form attached.

Please attach supporting documentation including a letter of support from your Haemophilia Treatment Centre where appropriate.

Completed applications should be returned to:

Haemophilia Foundation Victoria
PO Box 2046, Burwood, VIC 3125

Alternatively email: info@hfv.org.au

CONFIDENTIALITY
The committee will always make decisions under rules of confidentiality at all times.

When reviewing each application, the potential benefit to the applicant member with regard to improving a health outcome or enjoyment of life given other health issues caused by the bleeding disorder will be considered.

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How to fill in the Application Form:

1. Download the document
2. Click File - Save As
3. Save on your computer and re-name the document, preferably your name followed by "LiveWell Application"
4. Type in the relevant information
5. Click Save
6. Attach and email the application and any other relevant information to info@hfv.org.au

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Applicant Name

Parent/Guardian (if applicant under 18 yrs):

Address

Suburb State Postcode

Please tick one of the following options:

- ◯ I am a person with a bleeding disorder, their guardian or parent
- ◯ I am an immediate family member impacted by a bleeding disorder

Bleeding disorder

Severity of bleeding disorder

Please provide a brief description of the item/activity.

Please outline the anticipated benefits for the applicant (eg. health benefits, and/or improved quality of life

Total cost of Item / Activity

Please attach quotes/tax invoices

Amount requested from HFV

What other funding sources, if any, are available/have you secured for this item/activity

A letter of support from the Haemophilia Treatment Centre is attached

◯ yes ◯ no

Any other comments in support of your application

Thank you for your application. Our office will make contact immediately once a decision has been made.

connect – support - empower

HFV | PO Box 2046 | Burwood | Victoria | 3125 | Tel: 0493 107 306 | Email: info@hfv.org.au