

# Arthur Marsden Whiting's Sympathy Fund

*(Established under the Will of the late Arthur Marsden Whiting who passed away in 1929)*

The Arthur Marsden Whiting's Sympathy Fund was established to provide assistance to people with a physical disability who are in need of financial support. The Fund is administered by Equity Trustees Ltd (the trustee) in accordance with the detailed instructions contained in the deceased's will.

## **Eligibility**

**One** grant of up to **\$3,000** per applicant is available within a 12 month period. To be eligible for assistance, applicants must:

- Have a primary disability that impairs mobility
- Be of the Protestant faith
- Reside in the State of Victoria
- Not suffer from alcoholism
- Meet the financial eligibility criteria
- Be in need of financial assistance in order to obtain equipment, treatment, education or training, or any other assistance for the care of the person with a disability

Assistance can be given only to individuals or families as opposed to charitable institutions or community groups.

## **To apply**

Please provide the following documents by post:

1. Application Form: completed and signed by the applicant, their nominee or legal guardian (in the case of a child or a person subject to a Guardianship Order)
2. Medical Form: completed by a recognised medical practitioner and occupational therapist / allied health practitioner (including their mailing and email address and contact telephone number)
3. Supporting Letter from the applicant's occupational therapist / allied health practitioner, giving further details regarding the applicant's circumstances and need for funding
4. An exact quote from the preferred supplier
5. One of the following:
  - Copy of your Centrelink Carer Payment card (not Carer Allowance), Disability Support Pension or Aged Pension card; or
  - Complete and sign the financial information page of the application form

\*Please note that any additional information provided will NOT be included for assessment.

Complete applications with supporting documents are to be posted to:

Philanthropy Services  
Equity Trustees Ltd  
GPO Box 2307  
MELBOURNE VIC 3001

## **IMPORTANT NOTES**

- Incomplete applications will be returned
- All correspondence will be sent to the applicant's occupational therapist / allied health practitioner
- Applications must be submitted on the current application form
- Emailed or faxed applications will not be accepted
- Please keep a copy of your application
- Cheques are sent directly to the applicant's allied health practitioner and will be made payable to the supplier

**Applications shall be assessed as per the following schedule:**

Applications received	Assessed	Notification to applicant
1 January to 31 March	April	May
1 April to 30 June	July	August
1 July to 30 September	October	November
1 October to 31 December	January	February

Enquiries: [charities@eqt.com.au](mailto:charities@eqt.com.au) or phone 03 8623 5000.

# Application form

Applicant (Person with a Disability)

Full name			
Address			
Telephone	Home:	Mobile:	
Email			
Date of birth			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
No. of dependents		Age of each:	
Protestant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Nominee or Legal Guardian if applicant is under 18 years of age or subject to a Guardianship Order

Full name			
Address			
Telephone	Home:	Mobile:	
Email			
Protestant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Relationship to applicant			

Assistance required (please give exact details):

Total cost	\$	Preferred supplier	
SWEP contribution and other confirmed funding	\$	Address of preferred supplier	
Personal contribution	\$		
Funding unconfirmed	\$	Source unconfirmed funding	
<b>Amount requested from this Fund</b>	\$		

# Medical form

Applicant's name	
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(To be completed by the applicant's **Occupational Therapist** or allied health practitioner)

Full name			
Place of work (including mailing address)			
Telephone		Email	

(All following sections to be completed by the applicant's **General Practitioner** or Medical Specialist)

Name of GP or specialist	
Place of work	
Telephone	

Describe the nature of applicant's physical disability	
Diagnosis	
Severity	
Physical limitations	

Does the person have: <ul style="list-style-type: none"> <li>- an intellectual disability?</li> <li>- a major psychotic illness?</li> <li>- alcoholism?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the above, state the degree of severity	

Specify type of assistance and/ or equipment required

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 GP/ Specialist. (Not OT)

Please include a copy of your Centrelink Carer Payment card (not Carer Allowance card) or Disability Support Pension.

If you **do not** receive one of these payments, please complete the form below.

## Financial information

Please state the combined figure if the applicant is in a legally recognised relationship.

Parent's details are to be supplied if applicant is a minor.

*Only to be filled in if you **do not** have a Centerlink Carer Payment Card or are **not** receiving Disability Support Pension.*

Gross annual income and source (pension, wages, interest, TAC payment, compensation etc)

\$

\$

\$

Value of Property:

\$

Total Value of Investments:

\$

Major Fixed Expenses (mortgage, rent, loan repayments):

\$

\$

\$

Other significant costs/ expenses (other children/ dependants):

Why are you not eligible for the Carer Payment or Disability Support Pension?

Signed: \_\_\_\_\_  
(Applicant/Nominee/ Legal  
Guardian)

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_