



Wish For A Smile Trust Patient Application Form

Full Name of Child: (Must be a NZ Citizen or hold NZ residency)	DOB:
Address:	
Post Code:	
Parents / Caregivers Name(s):	
Phone Contact Nos.:	
Email Address:	

Wish For A Smile Trust is a non-profit charitable trust that relies solely on donations. The more information you can provide, the better we will be able to assess your needs. Wish for a Smile Trust has a privacy policy that means this information will be confidential to the Trust and its professional advisers, and will not be available to anyone else. Applications are considered twice each year following the closing dates at the end of February and August. When the application is completed please post it to: Wish For A Smile Trust, 3 Clyde Road, Riccarton, CHRISTCHURCH, 8041

Application Check List - have you attached?:

- | | |
|---|----------|
| The clinical assessment form completed by your Dental Therapist / Dentist? | Yes ____ |
| The completed patient application form? | Yes ____ |
| A letter supporting your child's application (no more than 1 A4 page)? | Yes ____ |
| A letter from your child supporting his/her application (no more than 1 A4 page)? | Yes ____ |
| A letter from your school principal or Dean providing a character reference? | Yes ____ |
| Photos of your child & their teeth. Click here for examples of how to take them | Yes ____ |
| Photo of your child smiling | Yes ..__ |
| A one page WINZ Benefit and/or Inland Revenue summary? | Yes ____ |
| A self-addressed postage paid C4 (for A4) envelope? | Yes ____ |

Wish for a Smile Trust – 3 Clyde Road, Riccarton, CHRISTCHURCH, 8041

PART ONE: HOUSEHOLD INFORMATION

Weekly Net (after tax) Household Income (include income of all those who have financial responsibility for the child) from each of the 4 categories below:

1. Salary/wages:

2. Government benefits:

3. Child support:

4. Other sources (please specify):

PART TWO: WEEKLY EXPENSES OF HOUSEHOLD

Number in household _____ Number of earners in household _____

Accommodation:

Food, phone, electricity, gas etc:

HP, loans, credit etc:

Other:

PART THREE: ASSETS OF HOUSEHOLD (ABOVE \$5000)

1. Property:

2. Vehicles:

3. Other (family trusts, investments, Kiwisaver, etc):

OTHER INFORMATION

Do the caregivers hold a Community Services Card? Yes ____ No ____

Does the household receive Family Support? Yes ____ No ____

Does the household receive Accommodation Allowance? Yes ____ No ____

Some of our sponsors like to know who is receiving their goodwill. Please indicate below: (*Selecting either does not affect your chances of acceptance*)

We are happy for the sponsors to know our identity ☐ We prefer to remain anonymous ☐

Wish for a Smile Trust is a charity and as such it seeks publicity in order to attract applicants and sponsors to ensure as many people as possible are able to receive treatment.

CONSENT

I/We understand that, as recipients of Wish For A Smile Trust benefits, we may be required to take part in publicity activities for the Trust's website, its sponsors and/or for media activities. Please indicate below:

I/We agree/do not agree (please circle 'agree' or 'do not agree') _____ (child's name) will be available to participate in any publicity and/or media activities associated with Wish For A Smile Trust

Please note: Willingness to or not to participate in publicity or media activities will not affect your application.

What contribution can you or your wider family/whanau make to treatment?

\$____per week for 80 weeks.

Should this application be successful:

- I/we accept that the specialist orthodontic treatment will be carried out by the Trust's nominated Orthodontist.
- I/We consent to the Wish For A Smile Trust seeking dental information from my child's dentist/therapist (please provide name and contact details of dentist/dental therapist).
- I/We understand that additional dental or surgical treatment may be required to be undertaken by other health providers and there may be additional costs associated with this
- The above is a true and correct record of our financial position. I/We accept that if we provide misleading or false financial information we may be liable for the full (private) cost of orthodontic treatment, and any enforcement costs, including legal costs and expenses.

Signed _____ Date: _____

Name _____ Relationship to Child: _____

DECISIONS OF THE TRUST ARE FINAL. IF YOUR APPLICATION IS UNSUCCESSFUL PLEASE CONTACT YOUR LOCAL MEMBER OF THE NZAO WHO MAY BE ABLE TO ARRANGE A PAYMENT PLAN TO SUIT YOUR INDIVIDUAL NEEDS.

