



THE NEW ZEALAND NURSES MEMORIAL FUND INCORPORATED

Guidelines & Application Form – The NZ Nurses Memorial Fund Inc. (NZNMF)

VERY IMPORTANT

Please ensure you read the following Guidelines for Applicants carefully before completing the application form. Then you can either

- Print this form and complete by hand returning it and all the essential supporting documentation to PO Box 5363, Dunedin 9054 or
- Print this form, complete by hand then scan pages 2 & 3, along with all the essential supporting documentation. Please email all this information to nznmfund@gmail.com
- All sections of the application form must be completed

GUIDELINES FOR APPLICANTS

In order to be eligible for a grant from NZNMF you must:

- Be a nurse or midwife practising or retired
- Have completed two years full time service after registration in NZ
- Living in NZ
- In financial hardship or distress occasioned by sickness, accident or other misfortune
- Have explored other avenues of social support e.g. sickness benefit

Note:

- You do not need to be a member of NZNO
- We do not give grants for education, training courses or scholarships
- If you are not sure if you are eligible please email us at nznmfund@gmail.com

ESSENTIAL SUPPORTING DOCUMENTS

- Evidence of employment if no longer on Nursing Council of NZ under the Health Practitioners Assurance Act of 2003
- Copies of bank statements: these should cover the last two full months of transactions for accounts that you and your spouse/partner hold. These statements must show your full name(s), address and bank account number(s). Quotes/estimates: if your application is for specific items such as car repairs, dental work, mobility aids or equipment please provide a written quotation
- A letter from a sponsor who is familiar with your circumstances eg Health Professional, Employer, Solicitor, Accountant, Minister of Religion
- If your application is for medical reasons, please provide a medical certificate

Please note: We require all these supporting documents in order to process your application

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PO Box 5363, Dunedin 9054. Email: nznmfund@gmail.com

APPLICATION FORM

Date: _____

1. Surname _____ First Names _____

Address _____

Email: _____

2. Date of Birth: _____ Marital Status: _____ Phone: _____

3. **LENGTH OF NURSING SERVICE:** _____ years. **HAVE YOU APPLIED PREVIOUSLY: YES/NO**

Applicants must have had the equivalent of 2 years fulltime nursing employment in NZ post-graduation

4. **DETAILS OF SPOUSE, PARTNER, CHILDREN OR OTHER DEPENDANTS** (additional page may be added)

NAME	AGE	RELATIONSHIP

QUALIFICATIONS	WHERE	WHEN

5. **REASON FOR APPLICATION** (additional page/s may be added)

Please Note: Health related applications must include a medical certificate.

6. **SPONSOR** (preferably NOT a family member)

I _____,
(Full Name of Sponsor)

know this applicant and support the application with a letter.

Signature: _____ Phone: _____ Email: _____

Applications will only be considered when all sections of the form are completed using the up-to-date form available by emailing nznmfund@gmail.com and supporting letters are attached. Please attach the last two full months bank statement showing name, address and bank number for you and your partner.

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CONFIDENTIAL STATEMENT OF FINANCIAL RESOURCES OF APPLICANT

This information is for the NZNMF Committee ONLY. It will not be disclosed.

Name of Applicant: _____

7. Net INCOME after tax (Monthly)	APPLICANT	SPOUSE/ PARTNER	SOURCE
Salary and wages	\$	\$	
Benefit – inc. all WINZ	\$	\$	
NZ Govt. Superannuation	\$	\$	
Other Super, pension	\$	\$	
Self-employed earnings	\$	\$	
Rent	\$	\$	
Interest and Dividends	\$	\$	
Estate, Trust, Partnership	\$	\$	
Other Income	\$	\$	
<u>Total Monthly Income</u>	\$	\$	

8. EXPENSES (Monthly)	\$		\$
Rent/Accommodation	\$	Rates	\$
Household Expenses	\$	Telephone	\$
Mortgage Repayments	\$	Power	\$
Insurance – Car	\$	Hire Purchase vehicle	\$
Insurance – Home	\$	Other (specify)	\$
Insurance – Health	\$	<u>Total Monthly Expenses</u>	\$

9. ASSETS (things you /& your partner own/ investments)	\$	DEBTS/Money You Owe	Description of Debts/ Money You Owe	\$
Bank - Current a/c	\$	Mortgage/Loans		\$
Bank - Savings	\$	Finance company/HP		\$
Bank - Term Deposits	\$	Credit Cards		\$
Bank - Other investment specify	\$	Other Debts		\$
Shares	\$			
Own Home	YES/NO	Add additional pages/evidence if needed		

DECLARATION: I hereby declare that all the information provided in this application, including the statement of financial resources is, to the best of my knowledge, true and correct.

APPLICANT'S SIGNATURE _____

Date _____

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PRIVACY STATEMENT

We collect information about you, including:

- your name,
- contact information,
- employment history
- current employment information
- family details
- health information
- personal circumstances, and
- financial position.

that we need to assess your application. The information you provide may also be considered when we assess any future application that you make. We will also consider the information provided if we review an annuity that we grant to you.

In addition to the information that you provide us directly, we may also obtain your personal information from using public records of information e.g. Give a Little, NZ Nursing Council register. We may also get information about you from your referees/sponsor.

The NZNMF Committee and the NZNMF auditors will be able to access your information. We will hold your information securely. The NZNMF secretary will keep recent and active applications in a secure locked box/cabinet. Applications over 50 years old will be transferred to Archives Dunedin (Hocken Library) and will be subject to restricted access criteria determined by the NZNMF Committee who shall review each application for access.

We collect your personal information in order to assess your application for financial assistance, to re-assess your grant biannually if you receive an annuity and to assess any future application. If you do not provide us with the information that we request, then we may not be able to properly assess your application and your application may be declined.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected or amended if you think it is incorrect. If you would like to ask for a copy of your information, or to have it corrected, please contact us at:

The New Zealand Nurses Memorial Fund Inc.,

P.O. Box 5363,

Dunedin 9054

or at nznmfund@gmail.com