

## Adverse Events Relief Fund Request Form

### Pre application information

As part of this application, the applicant is required to provide contact details of a referee. This representative must be of respectable standing in your community. The referee will be contacted and they must be able to verify and support your request application.

### Examples of referees are:

Rural Support Trust Representative  
Mayor  
Community Board Member  
District or Regional Councillor  
A Community Group Support Worker  
Justice of the Peace  
School Principal  
Minister of the Church  
Manager of a local Bank

### Funding Available

After full consideration of the application and the approval by the Rural Women New Zealand Adverse Event Relief Fund Committee, grants of up to \$1,000.00 may be granted.

The funds are available to individuals and community groups who have experienced financial hardship due to consequences of an adverse event.

### Confidentiality

Applications are submitted to the Rural Women New Zealand Adverse Events Relief Fund Committee and the Rural Women New Zealand National Board as required. Applications are confidential, however, a summary of the type of assistance granted may be printed in the Rural Women New Zealand publication, *Express* magazine and, at times, used for other internal and external reporting.

### Contact from Rural Women New Zealand

Rural Women New Zealand will endeavour to contact applicants within 3 days of the National Office receiving a request for funding. Notification of confirmation or decline should be received within 10 days of your request.

### For further information, please contact

Email: [enquiries@ruralwomennz.nz](mailto:enquiries@ruralwomennz.nz)

Phone: **04 473 5524**

Or Freephone: **0800 256 467**

## **Applicant details**

First Name:

Last Name:

### **Reason for seeking Financial Assistance?**

Please describe your situation and the intended use for the grant (if you require more space please go to back page)

Email Address:

Home Phone Number: (\_\_\_\_\_)

Cell Phone Number: (\_\_\_\_\_)

Home Address:

Postcode: \_\_\_\_\_ NEW ZEALAND

## **Applicant Bank Account details**

Account name:

Account number:

(please print clearly)

Amount requested: (maximum \$1,000)

## **Applicant Referee Details**

Name of Referee:

Referee Position:

Referee Phone Number: (\_\_\_\_\_)

Referee Mobile Number: (\_\_\_\_\_)

Referee Email:

Please supply any further information you feel is relevant to support your application.