**Pearson Fund Client Application Form**

**September 2021**

To apply for funding, applicants must be recorded as fully eligible clients of Blind Low Vision NZ, have applied unsuccessfully for funding elsewhere, and have a Community Services Card. If you are in full time paid employment, that is employment of more than 30 hours per week, you must submit an IRD summary with your application, which can be found online at <https://www.ird.govt.nz/tasks/request-a-summary-of-income> or by calling them at 0800 257 777.

Please note, we are unable to provide reimbursements, all applications must be made in advance of any moneys being paid by the client.

If you are applying for glasses or hearing aid support, please fill out the appropriate form, found on our website, or by contacting [pf@blindlowvision.org.nz](mailto:pf@blindlowvision.org.nz).

For more information please refer to the Guide to Operations prior to submitting your application, or contact [pf@blindlowvision.org.nz](mailto:pf@blindlowvision.org.nz) or call 0800 24 33 33.

**Application form – please ensure all questions completed.**

Client Name:

Client Number:

Date of Birth:

Community Services Card Number:

Email address:

Contact number:

Employment status, including hours worked per week:

Have you had previous funding from the Pearson Fund, please detail:

Item sought:

For what purpose are you requesting assistance:

Please explain how this grant will enable you to meet your goals:

If this item requires wifi or internet access, do you have it already, and if not what arrangements do you have in place to put this in place:

Grant amount sought: $

Client contribution: $

Funds from other sources: $

What other funding sources have you applied to – include confirmation of decline:

**Checklist:**

* Completed application form
* Quotes
* Confirmation of decline from another funding source eg WINZ
* Supporting documents

**Declaration:**

I declare that after reading this form, or having it read to me, that to the best of my knowledge the information provided in this application is true and correct. I agree that should Blind Low Vision NZ require more information regarding the quote provided they may contact the provider that issued the quote for more information. I further acknowledge that if I have made a false declaration, the Pearson Fund of Blind Low Vision NZ may take steps to recover any grant or goods, and that all costs incurred in this process shall be my responsibility.

Applicant’s Signature/Esignature:

Date:

**This section to be completed where the application form has been read to the applicant:**

I certify that I have read the contents of this application form to the applicant and have completed the form in accordance with the applicant’s instructions.

Signature/Esignature:

Name:

Address:

Email:

Relationship to applicant: