



YOUTH SUPPORT Application Form

Empowerment through knowledge

Closing Date: See bottom of form

Please read the Program Guidelines before you complete this form. [WebLINK](#)

Electronic copies of this form are available at [WebLINK](#)

If there is not enough space on the form, please attach more information with your application.

Applicant's PERSONAL DETAILS (Child or youth with diabetes)					
Title	Given Names			Surname	
Date of Birth:			Gender:		
Type of Diabetes:			Year Diagnosed:		
Parent or Guardian Details					
Title	Given Names			Surname	
Relationship to Applicant:				Years of NT Residence:	
Residential Address:				Postcode:	
Postal Address:				Postcode:	
Preferred Phone Contact (specify):	Home	Work	Mobile	Phone Number:	
Email Address:					
Family Information					
Gross Annual Family Income:	Below \$50,000 <input type="checkbox"/>	\$50,000-\$75,000 <input type="checkbox"/>		Occupation of Primary Wage Earner:	
	\$75,000-\$100,000 <input type="checkbox"/>	Over \$100,000 <input type="checkbox"/>		Healthy Living NT Membership No.:	
Total Number of Children in Family:					

Purpose of APPLICATION

Please explain the type of support sought from the Bill Raby Diabetes Fellowship and why you think this would be of benefit to the applicant.

Timing: (If Applicable)

Proposed Start Date of Activity	Proposed Finish Date of Activity:
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Estimated Cost of Activity: (Please quote GST inclusive costs and itemise wherever possible)

Expenditure Item	Amount \$
Total Expenditure	\$
Amount of funding sought from the Fellowship	\$
Type of Funding Sought (delete as appropriate)	Reimbursement of Costs / Funding in Advance

Letters of Support	Attached / Not Applicable
Letters of support from your doctor/other health care professional, school or other organisations are not mandatory but may strengthen your application.	

Any other relevant information:

Applicant Acknowledgements	Confirmation
I have read and accept the Privacy Statement included in the Administration Section:	Yes / No
I have read and accept the Conditions of the Fellowship:	Yes / No
I understand that neither Healthy Living NT nor the Fellowship have taken any role in the planning or preparation for this activity and accept no liability in the conduct of the activity.	Yes / No

Signature: Date:

Post to: Bill Raby Diabetes Fellowship, Healthy Living NT, PO Box 40113 CASUARINA NT 0811
Deliver to: Healthy Living NT, Shop 2, Tiwi Place, TIWI NT 0810
Email signed scanned application to: ceo@healthylivingnt.org.au

Closing Date: Applications to the Fellowship can be made at any time of the year. Governors meet twice a year to consider applications, in June and December annually. Applications should be submitted by no later than 31 May and/or 30 November respectively to be considered in the current funding round.