



HEART & LUNG TRANSPLANT TRUST (VICTORIA) INC.

A0037327C / ABN 68 585 966 022

FITNESS GRANT APPLICATION FORM

The Heart and Lung Transplant Trust (Victoria) Inc. (“the Trust”) offers a Fitness Grant to its members that qualify to assist in expenditure for fitness activities. The Trust will reimburse 50% of receipted costs up to a \$150 maximum. As funds are limited, the Trust may not be able to assist all members who apply each year.

The idea is to help post transplant members in maintaining fitness and wellbeing by partially reimbursing for fitness and/or wellbeing expenditure up to \$150 per member in any year. This fulfils two of the Trust’s objectives of 1) “provide peer support and encouragement for all pre and post heart and lung transplant patients their families and/or their carers”; and 2) of “provide relevant information and encourage healthy lifestyle choices to ensure the maintenance of optimal physical health”.

Applications, with receipts, should be submitted using this form and sent to:

The Secretary
Heart and Lung Transplant Trust (Victoria) Inc.
PO Box 25036
Melbourne
VIC 3004

Members must satisfy the following conditions:

- be a current post-transplant recipient member;
- have no subscription arrears;
- have not received a previous grant in the last year; and
- have paid the current year subscription by 30 September or was a pre-transplant member at 1 July in current year

The expenditure must be for an appropriate fitness type cost e.g. gym membership; physiotherapy sessions; spin, swimming, tennis, yoga, pilates or tai chi classes; admission cost to a swimming pool or a gym; exercise bike; wii; treadmill; step machine; cross trainer; sporting footwear.

Please note funds are limited so applications may not be approved, even if all the above conditions are met.

If you have any questions please visit the website www.hlttv.org.au, e-mail the Secretary at secretary@hlttv.org.au or write to the Secretary at the above address.



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FITNESS GRANT APPLICATION FORM

Title (Mr./Mrs./Ms./Miss).....First name Last name

Address

Suburb/Town..... State..... Postcode

Phone..... E-mail

Date of transplant..... Date last membership subscription paid

Date of last grant (if applicable)

I would like my payment made by:



Cheque



Electronic Funds Transfer

Cheque payable to

.....

Name of Bank.....

Account name

BSB number

Account number.....

Declaration

I, the undersigned, confirm that

1. I am a current member of the Heart and Lung Transplant Trust (Victoria) Inc. or I am a carer of such a member; and
2. these purchases were made strictly for the member's sole benefit and for the member's fitness purposes only; and
3. I have attached itemised receipts; and
4. the information I have supplied is true and correct

Signed Date

Please return form with receipts to:

The Secretary, Heart and Lung Transplant Trust (Victoria) Inc., PO Box 25036, Melbourne VIC 3004

