

Application Form



getThis&That Programme

Note: You must be a current financial member of the Society before applying for this programme, as well as having cerebral palsy.

Name of Applicant: _____

Cerebral Palsy Society Membership Card Number: _____

Membership Card Expiry Date: _____



I have cerebral palsy:

Yes / No

I have been on this programme before

Yes / No

If yes, how many times? _____

(Note: Participation in this programme requires applying each year. There is no automatic roll-over as in the getOutThere programme)

Please provide any information that may assist your application:

If this application is successful the applicant agrees to be bound by the Terms of Agreement (opposite):

Signature of applicant/authorised person _____ Date _____

OVERVIEW

The getThis&That programme is aimed at allowing members with cerebral palsy to purchase items that aid them in managing the affects of their cerebral palsy. It targets those smaller items that are not worthy of applying for a grant, but still very necessary.

The programme is based upon a voucher system that the applicant uses to pay for such items. The Society has entered into agreement with selected suppliers to accept the Society's vouchers.

(A list of authorised suppliers is available on the Society's website). Vouchers will be issued in \$5, \$10 and \$20 denominations. It is envisaged that vouchers to the value of \$200 be supplied. Only one allocation per membership year will be made. The vouchers have an expiry date. After this date the vouchers become void and cannot be used.

The vouchers may be used only by the user whose name is on the vouchers.

CRITERIA

The criteria for a person's application to be considered is as follows:

1. You must have cerebral palsy. The Society may request proof that you have had a clinical diagnosis of cerebral palsy.
2. You are a current financial member of the Cerebral Palsy Society of NZ Inc and have a membership card and number.

Note: People meeting the above criteria will not automatically be accepted into the programme as such determination will be based upon available funding, participation in the programme in the previous year and history with the Society.

TERMS OF AGREEMENT

The user agrees :

To show the supplier the user's membership card when making a purchase or if done remotely, to quote information requested from the card.

To use these vouchers only with suppliers listed as being in the programme.

To purchase items directly related to their cerebral palsy. Not to give these to other people to use in your place.

Not to use any vouchers once their expiry date has passed.

Not to redeem these vouchers with suppliers for cash but only for items purchased.

That unused vouchers, once passed their expiry date become void, and no consideration will be given for unused vouchers.

That should a voucher be tendered for an amount less than the voucher, no monies will be given in change by the supplier.

That the security of the vouchers is the user's responsibility and any loss, for whatever reason, will not be made good by the Society.

That the amount of vouchers assigned to a user may vary at the Society's discretion.

-see www.cpsociety.org.nz for latest information-

Mail this application form to: **Cerebral Palsy Society of NZ, PO Box 24759, Royal Oak, Auckland 1345**

Ph: 0800 503-603 Fax:(09) 624 1802 Email: cpsociety@cpsociety.org.nz