

TIME 4 ME APPLICATION FORM



How to apply for a gift

please complete all sections and return to:

admin@sockittosarcoma.org.au

or by mail to:

**PO Box 8271,
Perth Business Centre,
Perth, WA, 6849**

Phone enquiries:

0414 866 435

Applicant's Details

| | | | |
|------------|-------------------------------|---------------------------------|--------------------------|
| First Name | <input type="text"/> | Surname | <input type="text"/> |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | DOB <input type="text"/> |
| Address | <input type="text"/> | | |
| Suburb | <input type="text"/> | Postcode | <input type="text"/> |
| Contact Ph | <input type="text"/> | | |
| Email | <input type="text"/> | | |

Recipient's Details (if different)

| | | | |
|------------|-------------------------------|---------------------------------|--------------------------|
| First Name | <input type="text"/> | Surname | <input type="text"/> |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | DOB <input type="text"/> |
| Address | <input type="text"/> | | |
| Suburb | <input type="text"/> | Postcode | <input type="text"/> |
| Contact Ph | <input type="text"/> | | |
| Email | <input type="text"/> | | |

TIME 4 ME APPLICATION FORM

Is the gift for

A patient

A carer

A patient's Family

Medical Professional (Medical Professional to complete)

| | | | |
|----------------------------------|----------------------|--------------|----------------------|
| Title | <input type="text"/> | First Name | <input type="text"/> |
| Surname | <input type="text"/> | Contact Ph | <input type="text"/> |
| Professional Role | <input type="text"/> | Organisation | <input type="text"/> |
| Patient's Sarcoma Type | <input type="text"/> | | |
| Medical Professional's Signature | <input type="text"/> | | |

How did you hear about Sock it to Sarcoma! ?

| | | | |
|---|---|--------------------------------------|----------------------------------|
| Medical Specialist <input type="checkbox"/> | Support worker <input type="checkbox"/> | Own contact <input type="checkbox"/> | Website <input type="checkbox"/> |
| Other (please specify) <input type="text"/> | | | |
| Please select your gift | Gift No. | Description | |
| First Choice | <input type="text"/> | <input type="text"/> | |
| Second Choice | <input type="text"/> | <input type="text"/> | |
| Third Choice | <input type="text"/> | <input type="text"/> | |

Declaration

I acknowledge that there is no binding obligation on the part of Sock it to Sarcoma! to fulfill the above request. I also acknowledge that Sock it to Sarcoma! is not liable in the event of any injury, illness or negative outcome as a result of this gift being granted.

| | | | |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|

Office Use Only

Gift Granted Yes No

Applicant Advised Yes No

Date Granted

Date Gift Given

TIME 4 ME APPLICATION FORM

Gift choices for Time For Me

- 1 Aromatherapy
- 2 Babysitting for a night
- 3 Books
- 4 Candle Kit
- 5 CD's or DVD's
- 6 Celebration Cake
- 7 Cleaner
- 8 Craft kit
- 9 Day Tour for two
- 10 Dinner Voucher for two
- 11 Footy/other sports tickets (subject to availability) for two
- 12 Fresh groceries delivered
- 13 Gardener for a morning
- 14 Golf round for two
- 15 Gourmet Hamper
- 16 Hair style
- 17 Itunes card
- 18 Luxury blanket
- 19 Magazine subscription
- 20 Makeover
- 21 Manicure
- 22 Massage
- 23 Movie tickets
- 24 Photo book
- 25 Photo shoot
- 26 Picnic Hamper
- 27 River cruise for two
- 28 Scrapbooking kit
- 29 Video Games voucher
- 30 Trip to a Shooting range
- 31 Window clean
- 32 Wine hamper
- 33 Zoo tickets
- 34 Other – please request