

# TIME 4 ME APPLICATION FORM



## How to apply for a gift

please complete all sections and return to:

[admin@sockittosarcoma.org.au](mailto: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"/>			
<b>Please select your gift</b>	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"/>
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### 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