



CARING FOR THE  
MEN, WOMEN AND CHILDREN  
OF THE RUGBY LEAGUE COMMUNITY

## Men of League Foundation Grant Application Form

Thank you for approaching the Men of League Foundation for assistance. The grant application forms attached are the next step in the process of assessment.

We understand that individual circumstances vary and everyone has a different story. In order for us to better understand you, your needs, if you qualify for assistance and, if so, how we can best help, please provide all supporting documentation to ensure a thorough and timely review of your eligibility and individual requirements.

This **MUST** include documents such as:

- Previous year's tax return
- Bank statements (last three months)
- Any information pertaining to Centrelink support being received
- Medical certificate outlining illness/disability and impact on quality of life (if relevant)
- Any quotes for equipment or work included in the application.

You can be assured that all information that you provide to us is treated strictly confidentially. Please go to our website [www.menofleague.com](http://www.menofleague.com) to view our privacy policy. However we may need to verify or supplement the information provided and for that purpose we ask that you provide us with all necessary consents including permission to disclose your information provided for that purpose.

Applications for assistance are all assessed by our National Manager Wellbeing and our National Wellbeing Committee. We know that this is a stressful time, so we'll consider your application as soon as possible. You will hear from us with a decision within 14 days of us receiving your fully completed application.

If you are having any trouble completing the application form or have any questions, we're here to help. Contact your local Wellbeing Officer or National Office on 02 8765 2232 for assistance.

Kind regards,

Jessica Macartney  
**National Manager Wellbeing**



CARING FOR THE  
MEN, WOMEN AND CHILDREN  
OF THE RUGBY LEAGUE COMMUNITY

# Men of League Foundation

## Grant Application Form

Please note, your application will be delayed if this form is not completed in full  
Please write Nil or N/A where appropriate

Application date	Received date

Referring committee		Council region	
Committee member			

Applicant's name			
Address			
Suburb/Town		State	Postcode
Best contact number			
Email			
Date of birth		Membership no.	
Rugby league involvement			
Which NRL team do you support?			
What type of hardship are you experiencing?	Illness <input type="checkbox"/> Injury <input type="checkbox"/> Disability <input type="checkbox"/> Financial <input type="checkbox"/> Bereavement <input type="checkbox"/> Other _____		
Please give details of your situation			
Do you require additional support/referrals?	Mental health <input type="checkbox"/> Alcohol & other drugs <input type="checkbox"/> Housing <input type="checkbox"/> Gambling support <input type="checkbox"/> Financial counselling <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Family violence <input type="checkbox"/> Other _____		
Do you identify as an Indigenous Australian?	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/>		
Do you have private health insurance?	Yes	No	Policy no.
Relationship status <i>(single/married/de facto)</i>			No. of dependants

Assets		Liabilities	
<b>House property</b>	\$	<b>Mortgage</b>	\$
Address		(Total amount owing)	
<b>House contents</b>	\$	Financial institution	
<b>Other properties</b>	\$	<b>Personal loans</b>	\$
Address		Financial institution	
<b>Vehicle</b>	\$	<b>Investment loans</b>	\$
Make/model/year		Financial institution	
<b>Cash savings</b>	\$	<b>Credit card debt</b>	\$
Account type		Financial institution	
Bank/branch		<b>Other liabilities</b>	\$
<b>Term deposits</b>	\$	<b>Store accounts</b>	\$
<b>Shares</b>	\$	<b>Outstanding utilities</b>	\$
<b>Other</b>	\$	<b>Other</b>	\$
<b>Super</b>	\$		

<b>TOTAL</b>	\$	<b>TOTAL</b>	\$
--------------	----	--------------	----

Income per month		Outgoings per month	
Current employer		Mortgage payment	\$
Employer's phone		Personal loans	\$
Position (FT/PT/Casual)		Investment loans	\$
Net income (after tax)	\$	Rent	\$
Spouse's employer		Credit card	\$
Spouse's net income	\$	Medical expenses	\$
Other income	\$	Living costs	\$
Government benefits	\$	Utilities	\$
Investments	\$		
Super	\$		

<b>TOTAL</b>	\$	<b>TOTAL</b>	\$
--------------	----	--------------	----

<b>Are you a current NDIS participant?</b>	<b>Yes</b>	<b>No</b>
<b>Are you in receipt of any Government support?</b>	<b>Yes</b>	<b>No</b>
<b>If yes,</b> <b>1. What is the nature of this support?</b> <b>2. What is the approximate monthly benefit in each category that you receive?</b>	<b>Federal Government Assistance eg. disability pension, Centrelink</b>	\$
	<b>State Government Assistance eg. car registration</b>	\$
	<b>Local Government Assistance eg. rate relief</b>	\$
<p align="center"><b>Please state specifically what type and level of assistance will give you the most benefit.</b></p> <p align="center">In your own words, indicate what assistance is required, your current financial deficit and how you think the Men of League Foundation can improve your quality of life.</p> <p align="center">Please avoid answers like <b>“any assistance Men of League Foundation can afford”</b>. Please be more specific with your requests to help the National Wellbeing Committee make a decision.</p>		
<b>Amount requested</b>	\$	
<b>Have you received any assistance from Men of League Foundation, other charitable organisations? If yes, please provide details</b>		
<b>How did you first hear about the assistance Men of League Foundation could provide?</b>		

You have the right to confidentiality and privacy in regards to the outcome of your Men of League Foundation grant application. However the Foundation does find that sharing testimony and stories with your consent about the assistance we provide helps to extend our reach and enhance our ability to assist more people.

**Are you willing to participate in sharing your story?**

**Yes**

**No**

I understand that by giving consent, the MEN OF LEAGUE FOUNDATION may use the photograph, video or audio recording taken of me. The MEN OF LEAGUE FOUNDATION may reproduce the image/s in any form, in whole or in part, and distribute the works by any medium (including online, social media, direct mail, flyers, publications, case study, newsprint and multimedia) for the purposes of education, promotion, fundraising and marketing.

I understand that the MEN OF LEAGUE FOUNDATION:

- will not pay me for giving this consent or for the use of my image(s);
- may keep the image(s) on record until I revoke my consent;
- will return or destroy images if I withdraw this consent, with the exception of those already published;
- may use the image in the future, unless I specify limitations for its use; and
- will not infringe the rights of any third party by exercising its rights given in this consent.

**I give consent to MEN OF LEAGUE FOUNDATION to make, use and/or retain an image(s) that may identify me, my child or an individual for whom I have authorised decision-making responsibility (strike through whichever does not apply).**

**I understand that I can withdraw or modify my consent at any time in writing to MEN OF LEAGUE FOUNDATION, PO Box 7049 SILVERWATER NSW 2128 or via email to [wellbeing@menofleague.com](mailto:wellbeing@menofleague.com) or by calling 02 8765 2232.**

**If you have any restrictions you want to apply to the use of your personal information, you should list them here (e.g. cultural considerations, usage restrictions, expiry of consent, etc):**

**Restrictions:**

**First name**

**Last name**

**Signature**

**Date**

**Guardian information**

(if consenting for a minor or a person with a decision making disability)

**First name**

**Last name**

**Signature**

**Date**

<p><b>Do you consent to the information contained in this form being provided to Brydens Lawyers Pty Ltd for the purpose of contacting you to ascertain whether you or any other person are injured or have a claim for compensation? (Please circle)</b></p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p>I acknowledge that the Men of League Foundation Grants Committee and National Board will consider this application on its merits and within the rules established by the resolutions of the Board and the memorandum and Articles of Association. I further acknowledge that I may be required to supply further personal financial information to support this application. Verification of this information provided by me may be required and I will provide the necessary consents on requests. I accept that the decision of the Board will be final and no further correspondence will be entered into and that the information contained herein shall remain confidential unless I agree to the publishing thereof.</p>		
<p><b>Signature of applicant</b></p>		
<p><b>Local committee recommendation (please include explanation)</b></p>		
<p><b>Total amount</b></p>	<p><b>\$</b></p>	<p><b>Committee member</b></p>
<p><b>Signature</b></p>		

**Please return this form with any supporting documentation to your Local Committee Representative**

**Men of League Foundation**

02 8765 2232 | menofleague.com

Level 3 Eastern Grandstand ANZ Stadium, Sydney Olympic Park NSW 2127 | PO Box 7049 Silverwater NSW 2128