

ARTHUR MARSDEN WHITING'S SYMPATHY FUND

Established under the Will of the late Arthur Marsden Whiting who passed away in 1929

The Arthur Marsden Whiting's Sympathy Fund was established to provide assistance to people with a physical disability who are in need of financial support. The Fund is administered by Equity Trustees Limited (the Trustee) in accordance with the specific instructions contained in the Will of Arthur Marsden Whiting.

ELIGIBILITY

One grant of up to \$3,000 per applicant is available within a 12-month period. The grant may be increased from time to time dependent on funds available for distribution. To be eligible for assistance, as outlined in the Will, applicants must:

- Have a primary disability that impairs mobility.
- Be of the Protestant faith.
- · Reside in the State of Victoria.
- · Not suffer from alcoholism.
- · Meet the financial eligibility criteria.
- Be in need of financial assistance in order to obtain equipment, treatment, education or training, or any other assistance for the care of the person with a disability.

Examples of requests that will be considered for approval include (but are not limited to):

- Support for equipment to be upgraded beyond the level provided by NDIS (e.g. H track ceiling hoist, home modifications).
- Funding to purchase movement therapy devices or alternative mobility devices such as MOTOmed, electric scooters and/or bikes. Such equipment might be for special recreational purposes such as a wheelchair suitable for beach access.
- Funding for additional items of equipment such as a wheelchair with high low base in addition to regular wheelchair, a manual wheelchair for use when electric chair is being serviced or breaks down, alternate seating options.
- Funding to purchase and maintain equipment that supports social participation or telehealth such as smart phone (and data), computer or tablet.
- Funding to participate in sports and exercise such as cost of classes, membership or personalised equipment.

Assistance can be given only to individuals or families as opposed to charitable institutions or community groups.

We also seek to support persons who cannot access the NDIS, such as children whose parents are refugees, those on working visas and also New Zealanders living in Australia.



TO APPLY

Applications must be made online using the following link:

https://equitytrustees.smartygrants.com.au/AMWhiting

The following documents must be provided with your application:

- 1. **Application Form**: completed and signed by the applicant, their nominee or legal guardian (in the case of a child or a person subject to a Guardianship Order).
- 2. **Medical Form**: completed by a recognised medical practitioner and occupational therapist / allied health practitioner (including their mailing and email address and contact telephone number).
- 3. **Supporting Letter**: from the applicant's occupational therapist / allied health practitioner, giving further details regarding the applicant's circumstances and need for funding. The supporting letter should state the following:
 - a. Level of mobility independent / uses mobility aids e.g. walking frame / dependent on wheelchair use.
 - b. Functional ability for self-care activities (eating, dressing, bathing, toileting) independent / needs some assistance from others / dependent on 1:1 support).
- 4. An exact quote: from the preferred supplier
- 5. One of the following:
 - Copy of your Centrelink Carer Payment card (not Carer Allowance), Disability Support Pension or Aged Pension card; or
 - Complete and sign the financial information page of the application form.

IMPORTANT NOTES

- Applications must be submitted online, using the current application form.
- Applications sent by post or email will not be accepted without the prior agreement of the Trustee.
- Incomplete applications will not be assessed and will need to be resubmitted.
- Please keep a copy of your application.
- All correspondence will be sent to the applicant's occupational therapist / allied health practitioner.
- Payment will be made directly to the applicant's allied health practitioner and will be made payable to the supplier.

Applications shall be assessed as per the following schedule:

APPLICATIONS RECEIVED	ASSESSED	NOTIFICATION TO APPLICANT
1 January to 31 March	April	May
1 April to 30 June	July	August
1 July to 30 September	October	November
1 October to 31 December	January	February

^{*}Please note that any additional information provided will NOT be included for assessment.



ENQUIRIES

charities@eqt.com.au or phone 03 8623 5000

Arthur Marsden Whiting's Sympathy Fund Philanthropy Services Equity Trustees Limited GPO Box 2307 MELBOURNE VIC 3001



MEDICAL FORM

Applicant's name					
To be completed by the applicant's Occupational Therapist or allied health practitioner					
Full name					
Place of work (including mailing address)					
Telephone					
Email					
All following sections	s to be completed by the applicant's General Practitioner or Medical Specialist				
Full name					
Place of work					
Telephone					
Describe the nature of applicant's physical disability Diagnosis					
Severity of mobility impairment independent / uses mobility aids. e.g. walking frame / dependent on wheelchair use.					
Functional ability for self-care activities (eating, dressing, bathing, toileting) – independent / needs some assistance from others / dependent on 1:1 support).					



Does the person have or alcoholism?	e an intellectual disability, major psychotic illness	□ Yes	□ No			
If "Yes" state the degree of severity.						
Specify type of assistance and/or equipment required						
Signed						
	GP/ Specialist. (Not OT)					
Dated	/ /					

Please include a copy of your Centrelink Carer Payment card (not Carer Allowance card) or Disability Support Pension.