



WHO ARE WE & HOW CAN WE HELP?

The Keune Foundation was established in 2005 by Keune Haircosmetics. The foundation provides financial support to Australian families (citizens/ permanent residents) who have a child under the age of 18 who has been diagnosed with a life threatening illness.

The Keune Foundation does not means test any of its applicants & does not dictate what the financial support should be spent on as we feel the needs of each family greatly differ.

HOW TO APPLY FOR FINANCIAL ASSISTANCE

To apply for financial assistance, fill out the application form and include the below documentation as listed in the checklist. Fax 02 9831 7550 or email tkf@keune.com.au all documents to commence the application process, then mail all original documentation to: The KEUNE Foundation PO Box 787 Kings Langley NSW 2147

APPLICATION CHECKLIST:

- Application form completed signed & witnessed
- Supporting Letter (please see full requirements for this letter below)
- Any other supporting letters or documents which may assist the application
- Bank Details (Account Name, BSB, Account Number, Banking Institution)

SUPPORTING LETTER REQUIREMENTS

The following information is required to be included within the Supporting Letter.

- Child's full name & age
- Illness details:
 - Confirming/information about illness
 - Confirming if child is currently undergoing treatment
 - Confirm if the illness is presently life threatening
- Confirmation that the family are Australian citizens or permanent residents.

It is preferable that this letter is written & signed by the Attending Specialist. Though, TKF does understand this is sometimes difficult, it is also acceptable to provide a letter which is written & signed by the social worker, but this letter must also be co-signed by the Attending Specialist as confirmation.

HOW TO CONTACT THE KEUNE FOUNDATION?

All communication with The Keune Foundation is conducted in writing. Please e-mail tkf@keune.com.au for any queries or assistance.

THE KEUNE FOUNDATION APPLICATION FORM



The Keune Foundation supports families (Australian citizens/permanent residents) who have a child under the age of 18 diagnosed with a life threatening illness. In order to be considered for a funds donation by The KEUNE Foundation, please complete and return this form, along with the required supporting documents and send to: The KEUNE Foundation PO Box 787 Kings Langley NSW 2147. No guarantees for donations can be given by the Foundation, all donations are subject to funds availability at the time of application, all communications with the Foundation must be conducted in writing. The Keune Foundation will contact the applicant to inform the applicant about the status and success of their application. For any enquires, please contact tkf@keune.com.au

Applications must be fully completed and signed by the applicant and a witness to be considered.

PARENT/ GUARDIAN'S DETAILS *(block letters please)*

Title _____ First Name _____ Family Name _____

Home Address _____

Suburb _____ Post Code _____ State _____

Email _____ DOB _____

Home Telephone _____ Mobile _____

Are you the child's carer? Yes No

BANK DETAILS *(please complete for a faster processing time)*

Name of Account _____ Bank _____

BSB _____ Acct Number _____

CHILD'S DETAILS *(block letters please)*

Boy Girl DOB _____

First Name _____ Family Name _____

Home Address _____

Suburb _____ Post Code _____ State _____

Child's Illness

Type of Illness _____

Date of diagnosis _____

YOUR FAMILY DOCTOR'S DETAILS *(block letters please)*

First Name _____ Family Name _____

Provider number _____

Email _____ Phone _____

Address _____

THE KEUNE FOUNDATION APPLICATION FORM



ATTENDING SPECIALIST'S DETAILS *(block letters please)*

First Name _____ Family Name _____
Provider number _____
Email _____ Phone _____
Address _____

HOSPITAL'S DETAILS *(block letters please)*

Hospital where treatment was or is currently conducted

Address _____

SOCIAL WORKER

Name _____
Ph _____
E-mail _____

Please complete below to provide various authorisations to The Keune Foundation

Applicant must sign the following as the acknowledgment of the Health Records and Information Privacy Act 2002 below.

The applicant agrees that The Keune Foundation may, in accordance with the Health Records and Information Privacy Act 2002

- a) Give to the Health Provider personal information in relation to this application for a donation from The Keune Foundation including name, sex, date of birth, current address of the applicant and full details of the child, and
- b) Obtain from the Health Provider a confirmation containing personal information concerning the illness of the child in the above application, and
- c) Give to the Health provider named in this application a copy of this application to confirm that the applicant has authorised The Keune Foundation to make enquiries about the child being treated by the Health Provider.

The applicant agrees that images and "the story" of the child mentioned in the application maybe used by The Keune Foundation for the promotion of the fund in their efforts to raise funds.

Applicant's Name

In the presence of Witness

Signature

Witness Signature

Dated

Dated