

## 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 <a href="mailto:tkf@keune.com.au">tkf@keune.com.au</a> 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.

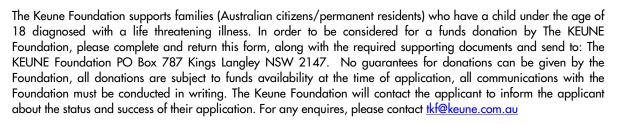
- Child's full name & age
- Illness details:
  - o Confirming/information about illness
  - Confirming if child is currently undergoing treatment
  - Confirm if the illness is presently life threatening
- Confirmation that the family are Australian citizens or permanent residents.

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 cosigned 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





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

PARENT/ GUARDIAN'S DETAILS (block letters please	se)		
Title First Name	Fami	ly Name	
Home Address			
Suburb			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			State
Child's Illness			
Type of Illness			
Date of diagnosis			
VOLID FAMILY DOCTOR/C DETAILS			
YOUR FAMILY DOCTOR'S DETAILS	(block letters please)		
First Name			
Provider number		p)	
Email		Phone	
Address			

# THE KEUNE FOUNDATION APPLICATION FORM



			THENEU			
ATTENDING SPECIALIST'S DETAILS	(block letters please)		FOUNDAT			
First Name	Family Name					
Provider number	_					
Email		Phone				
Address						
HOSPITAL'S DETAILS (block letters please)						
Hospital where treatment was or is currently conducted						
Tiespinal miero neamen mae et le contemp condecida						
Address		-				
SOCIAL WORKER						
Name						
Ph						
E-mail						
Please complete below to provide various authorisations to The Keun	e Foundation					
Applicant must sign the following as the acknowledgment of the Heal	lth Records and Informat	ion Privacy Act 2002 below.				
The applicant agrees that The Keune Foundation may, in accordance	with the Health Records	and Information Privacy Act 2002	2			
	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					
<ul> <li>Obtain from the Health Provider a confirmation containing in the above application, and</li> </ul>	b) Obtain from the Health Provider a confirmation containing personal information concerning the illness of the child					
The applicant agrees that images and "the story" of the child mention promotion of the fund in their efforts to raise funds.	ned in the application mo	aybe used by The Keune Foundatio	on for the			
		(11 <i>g</i> )				
Applicant's Name	in the preser	nce of Witness				
Signature	Witness Sign	nature	_			
Dated	Dated					