

APPLICATION FOR ASSISTANCE

Give an Ear Foundation is a registered NPO providing support, care and assistance to families of children born with Microtia and Atresia. In other cases we fund surgeries, hearing aids and travel costs for families.

If you believe you may qualify for assistance from Give an Ear Foundation, please fill out application completely, sign the photo release and consent form at the end of the application and attach the following:

- A front view, left and right side of the ear, showing clearly both ears.
- A copy of any medical reports e.g. Audiology tests etc....
- A short story of family background.

Email the completed application to: admin@giveanearfoundation.org

GENERAL INFORMATION

Date of Application: DD/MM/YYYY ____/____/____

Name of Patient: _____

Age: _____ Date of Birth: _____ Male/Female: _____

Name of Parents/Guardian: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (H): _____ Phone (W): _____

Mobile: _____ Email: _____

Patient's Diagnosis: _____

Patient's Physician's Name: _____

Physician's Address: _____

City: _____ Province: _____ Postal Code: _____

Physician's Contact Number: _____

Do you have Medical Aid? _____ Current Medical Aid: _____

T: +27 11 346 5263 Fax: +27864151224 Cell: +27 65 953 4874.

E: admin@giveanearfoundation.org

W: www.giveanearfoundation.org

REQUEST FOR ASSISTANCE:

Please Tick Appropriate Box(es):

- ❖ Hearing Test
- ❖ Hearing Aid
- ❖ Hearing Aid Implant
- ❖ Ear Reconstruction

Other:

- ❖ Speech Therapy
- ❖ Psychology

Please describe your request

Have you applied for assistance in any other organization? No Yes

If Yes please provide the following:

Name of organisation: _____

Contact No: _____ Contact Person: _____

The undersigned certifies that the information contained in this application for assistance is true and current. Name: _____

Signed: _____ Date: _____

GENERAL RELEASE

On behalf of myself, _____ and if applicable my minor child, _____ hereby give, Give an Ear Foundation and sponsors/partners the complete and irrevocable right and permission to use my/my child's name and/or photographic likeness and the narrative of my/my child's medical history and life's story in any or all of their publications, marketing and fundraising materials or any other medium for any other purpose whatsoever, including but not limited to, websites and brochures. I understand and agree that any such photograph/s or video using such likeness will become property of GEF and will not be returned. Likewise, because my/my child's participation is voluntary I acknowledge that neither I/my child, if applicable will receive financial compensation for use of any of the foregoing. I waive any rights to royalties, proceeds, donations and other compensations arising from or related to such use.

I also irrevocably authorise GEF to edit, copy, alter, exhibit, publish or distribute using my/my child's likeness or narrative to publicise GEF or any other lawful purposes. In addition, I waive the right to inspect or approve any finished product, including written or electronic copy. Also, if my/my child's likeness is used in any fundraising, I hereby acknowledge that the allocation of any funds raised will be at the sole discretion of GEF.

By my signature below, I/my child hereby hold harmless and release and forever discharged GEF from all claims, demands, and causes of action that I/my child and my/my child's heirs, representatives, executors, administrators, or any other person acting on my/my child's behalf or on behalf of my/my child's estate have or may have by reason of this authorization. This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of GEF. I am at least 18 years of age and am competent to contract in my own name and on behalf of my child, if applicable.

I have read this release before signing below and I fully understand its contents, meaning, and impact.

Dated: _____ 20 _____

(Beneficiary Signature or legal guardian if minor child)

(Legal Relationship to Minor Child)

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