



Royal Life Saving

THE ROYAL LIFE SAVING SOCIETY WESTERN AUSTRALIA INC.

Keep Watch Community Help Grant Application Form

Name of child impacted by drowning or near drowning accident:

Date of birth of child:

Name of applicant:

Date of birth of applicant:

Relationship to child:

Postal Address:

Suburb:

State:

Postcode:

Phone Number: (Mob)

(H)

Email:

Please Note:

1. Keep Watch Community Help Grants are available to the family or legal guardian of a child that has been impacted by a drowning, or the child (who is still under 18 years of age) has suffered long term permanent injuries as a result of a near drowning accident.
2. Applicants must permanently live in Western Australia.
3. Applicants can apply for funding for any service, resource or item they feel will make a difference to the care and welfare of their child's or family's life.

Resource, service or item applied for (please describe it's purpose and use):

Value of grant applied for (maximum \$2,500):

Please tell us your story of the accident.

Please provide a brief description of the medical/hospital care received at the time of the accident and subsequent medical assistance required. (200 word max.)

How would the funding make a difference to the care and welfare of your **CHILD'S** life? (300 word max.)

How would the funding make a difference in your **FAMILY'S** life? (300 word max.)

I agree that I or my family have not received funding in full for the requested service, resource or item from another organisation or entity. Yes

I agree Royal Life Saving WA will require tax receipts for resource, service or item purchased. NB. Royal Live Saving WA would prefer to pay the supplier of the resource, service or item directly Yes

Please email (preferred) or post completed e-form to:



grants@rlsswa.com.au



Royal Life Saving WA
PO Box 28
Floreat Forum WA 6014



Enquiries: 1300 132 770 or (08) 9383 8200