



Applicant information			
Full Name		Date of birth	
Address		Email	
		Phone/mobile	

Are you registered with cann?	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
If no, you must register first: cann.org.nz/register	

Diagnosis/condition:

Who referred you to this fund? (e.g. **cann** Clinician, GP, friend/whānau):

Equipment Requested

What item(s) are you applying for?
(Include Type of equipment, name, brand/model if known, and where you plan to purchase from.)

Has a clinician recommended it to you?	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, please briefly explain below: <i>e.g. "My physio suggested a mobility scooter for longer outings."</i></p>	

Why do you need this equipment?
How will it support your daily life, function or independence?

If you've used this item (or a similar one) before, please briefly explain below: <i>e.g. "I currently use this chair but need a replacement."</i>

Have you had the opportunity to trial this item or something similar?		
Yes	No	If yes, please briefly describe:
<input type="checkbox"/>	<input type="checkbox"/>	

If funded, how long do you expect this item to meet your needs?

Is this equipment already funded or available through the public health system?		
No	Not sure	Yes – but delayed/not suitable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (please explain):

Funding Amount Requested
Maximum grant available is: \$4,500 (excluding GST)
Requested Amount (excluding GST): \$ _____ GST (if charged by supplier): \$ _____ Total requested: \$ _____
<p>Please attach a quote or estimate from the supplier, if available.</p> <p>If your application is approved, we'll provide instructions for supplier invoicing and payment. cann pays the supplier directly on your behalf, but the grant is made to you, and you will own the item.</p>

Supporting Documentation

Has a health professional (e.g. occupational therapist or physiotherapist) assessed your need for this item?	
<input type="checkbox"/>	Yes – I've attached their report
<input type="checkbox"/>	Not sure if one is needed – please review my application and let me know
<input type="checkbox"/>	No – I'd like help getting an assessment if needed
Do you have:	
<input type="checkbox"/>	A supplier quote or website link to options, (required unless pending clinician review)
<input type="checkbox"/>	Photos, screenshots, or supporting letters (optional)

Applicant Acknowledgement

Please read and tick each point to confirm your understanding:

<input type="checkbox"/>	I confirm that I am applying for myself, or on behalf of the applicant with their consent.
<input type="checkbox"/>	If approved, I understand that: <ul style="list-style-type: none">the grant is awarded to me, payment goes to the supplier, and I will own the equipment.I am responsible for choosing a suitable item and using it safely.I am responsible for maintaining and servicing the item as needed.
<input type="checkbox"/>	I agree that cann may request additional information or contact a clinician if needed.

If applying on behalf of someone else, please complete the following:

Your name:
Relationship to applicant:
Reason for applying on their behalf: (e.g. Power of Attorney, parent/caregiver, assisting with paperwork)

Do you have legal authority to act on their behalf (if applicable)?

Yes	No	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: *Of applicant or authorised representative*

(Please sign by hand, insert an image of your signature, or draw using a touchscreen or trackpad. Typing your name is not accepted.)

Date

Applications are considered every two months, and we'll notify you once the committee has reviewed your application.

Need help?

Email us at hello@cann.org.nz or speak to your cann clinician for support with completing this form.

Office Use Only

Date received: _____

Application complete: ☐ Yes ☐ No

Assessment required: ☐ Yes ☐ No

Assessment received: ☐ Attached ☐ N/A

Clinical review completed by: _____

CD recommendation date: _____

Final decision by CEO: ☐ Approved ☐ Declined

Funding amount approved: \$_____

Outcome letter sent: ☐ Yes Date: _____

Invoice received & payment made to supplier: ☐ Yes

Date: _____

Gensolve record updated: ☐ Yes