



Suite L6 Enterprise Building
 The Innovation Hub
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 Pretoria
 Tel: 012 844 0405
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www.jumpingkids.org.za
 A non-profit company:
 2009/018078/08
 PBO registered: 930 032 918

Beneficiary Application Form

Please note: In order for us to provide you with the best care possible, a compulsory monthly administration fee of R500 is applicable should your child be accepted into the Jumping Kids program.

Kids' personal information

Full name	
Surname	
Birth date	
ID number	
Age (currently)	
Home address	
Postal address	
Kids' cell phone number	

Kid's injury & medical history

Which limb/s has the child lost?	
How long ago did the injury occur?	
Age at time of injury	
Medical doctor taking care of child (name & telephone number)	
How does the child deal with his/her disability physically?	
How does the child deal with his/her disability emotionally?	
Have your child used a prosthetic before?	Yes/No Manufacturer?
What is the extend of your current medical care for your child	
Other medical details?	

Attachments to be sent with this submission:

- ✓ Please attach a photo of the kid
- ✓ Please ask your child to draw a picture/make a piece of art to explain how he/she sees him/herself now, and how he/she see themselves with the possible new prosthetic
- ✓ Medical history & reference letter from current care-taking medical practitioner
- ✓ Confirmation from school of kid's registration & attendance & achievements
- ✓ Family balance sheet from accountant (or a summary of your income, expenses, assets & liabilities)

Family details

	Father	Mother	Sibling 1	Sibling 2
Full name				
Surname				
Cell number				
Email address				
Ages				
Id numbers				
Name & contact details of two family friend for references				

School details

Name of school	
Name of teacher	
Name of principle	
Does your kid participate in any school activities? Please list	
Which career does your child dream off, want to pursue?	
Any achievements we need to know off? (before or after the injury)	

Motivation

Please write a motivation on why your child should be considered for assistance by Jumping Kids Prosthetic Fund. Parents write for children 2 – 10 years. Children 11 – 18-years to write their own motivation.

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Financial details

In order for us to make sure we support the kids who need our support the most and who's family don't have access to the funding required, we perform a financial means evaluation. Please provide us with the following information:

Are you on a medical aid?	Yes	No	Medical aid name
Father's job:			
Company father work for:			
Father's annual income			
Mother's job:			
Company mother work for:			
Mother's annual income			
Do you have company/ individuals /sponsor who want to contribute to your kids prosthetic fund? Provide name & contact details please			
Have you tried raising funds on your own accord? If yes, how? If no, why not?			

How much is your house-hold expenses (monthly)	
Who else contributes to your house-hold income?	
Do you rent or own your home?	
Do you own cars? How many in the family?	
Do you have trust funds/study savings plan for your child?	
Other financial information we should know?	
Do you have an amount available to contribute to the process? How much?	

Please provide us with the contact details of the main contact person we should be in touch with:

Name:

Cell number:

Email address:

Postal address:

Please note that terms and conditions apply, and that the fund is governed by an independent board. The board's decisions are final. All applications received are reviewed bi-monthly and beneficiaries are notified of the outcome via email/mail.

I, _____ (name) understand that this is an application process and that no services are guaranteed. I declare the above information true and am the legal guardian of the child in question.

Signature

Date