

**Mastering Mountains Grant  
APPLICATION FORM**

**Information and Help**

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- Please attach any further information that you believe may be relevant to your application.
- If you need assistance in filling out your form please contact your Regional MS Society representative or the MS Society of NZ on 0800 MS LINE (67 5463)

**Personal Details**

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Last Name: .....

First Name(s): .....

Home Address: .....

Home Phone: .....

Work Phone: .....

Mobile: .....

Email: .....

For Office Use only:	Date Received:	Status:
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***Is there any other information you would like the panel to know?:***

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**Referees**

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Please include the names and contact details of two people who are willing to be contacted in support of your application:

- 1. Full Name:.....  
Home Address:.....  
Daytime phone: .....  
Email: .....
  
- 2. Full Name:.....  
Home Address:.....  
Daytime phone: .....  
Email: .....

**Authentication from Regional MS Society**

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- Please have your Field Worker or Regional MS Society representative fill in the information below as confirmation of your identity and diagnosis of MS.

Regional MS Society Representative Full Name:.....

Regional MS Society/Region:.....

Signature:.....

Date: / /

**Authentication from Doctor**

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- All applicants must have authentication from their Primary Health Professional that they are able to partake in the activity applied for.
- If you are not a member of the Regional MS Society, please have your local GP complete the details instead.

GP Full Name: .....

Practice Name and Location:.....

Signature:.....

Date: / /

**Declaration**

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- I confirm that the information contained in this application is true and correct.
- I am aware and accept that the personal information collected about me in connection with this application will be used by the Selection Panel for the purposes of assessing this application only.
- I confirm that I have a diagnosis of Multiple Sclerosis.
- If I am successful in my application I give permission for my photo and information relating to the application (i.e. your adventure activity) to be used for publicity purposes, including, but not limited to, contributions to MSNZs communications, Annual report and the blog at MasteringMountains.org.
- I agree that I will seek and provide written confirmation from my Primary Health Care Provider (e.g. GP or Neurologist) that the adventure I have chosen is safe for me to undertake, understanding my health status.
- I confirm that the activity provider is registered, has public liability insurance and is aware of my health condition. I will provide on request written confirmation from the activity provider that they are aware of my condition and the requirements associated.
- I take full responsibility for my health and safety. While I am receiving a grant from MSNZ and Mastering Mountains there is no liability placed on MSNZ or Mastering Mountains should an accident occur.
- I will adhere to all the rules and health and safety policies of the activity provider ensuring that I have read or have had them read to me, and that I have understood the terms and conditions.
- I have attached a breakdown of costs relating to my chosen challenge and indicated where I would like support from the Mastering Mountains Grant
- I agree to fundraise and donate a minimum of 50% of the funds raised beyond the costs of my challenge to Mastering Mountains, to help future grant applicants.

Signature:.....

Date     /     /

**Post your completed application to reach:**

Mastering Mountains Selection Panel  
MS Society of NZ  
PO Box 32124  
Christchurch 8147

**by 31<sup>st</sup> October 2017**