

**Mastering Mountains Expedition Grant (Overseas Challenges)
APPLICATION FORM**

Open 1st April – 30th June Annually

Information and Help

- 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

Last Name:

First Name(s):

Home Address:

Home Phone:

Work Phone:

Mobile:

Email:

For Office Use only:	Date Received:	Status:
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Please describe your current level of physical activity, and the types of exercise, walks/climbs/tramps/cycle-tours you currently undertake:

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Please outline the steps you have taken and will take (e.g. a training plan or schedule) in preparation for this adventure:

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What do you see as your current limitations (physical, mental, financial) to achieving the expedition applied for and how do you intend to overcome these, if successful?

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Please describe the ways you are involved with your local communities (neighbourhood, whanau, support groups, sports, etc), and how you might be interested in helping to change common perceptions around Multiple Sclerosis or Functional Neurological Disorder:

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Please describe any ways you currently show leadership within your community:

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Can you describe a time when you have undertaken a sustained objective which demonstrates your ability to be determined and committed to a goal?

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Is there any other information you would like the panel to know?

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Referees

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:

Are you a member of a Regional MS Society?

- If so, please have your Field Worker or Regional MS Society representative fill in the information below as confirmation of your identity. Otherwise, please leave blank.

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

Regional MS Society/Region:.....

Signature:.....

Date: / /

Authentication from Doctor

- Please have your Primary Health Professional (e.g. your GP, Neurologist, Neurology Nurse, Physiotherapist, Neurophysiologist, or Occupational Therapist) fill in the information below as confirmation of your identity and diagnosis of Multiple Sclerosis or Functional Neurological Disorder.
- All applicants must include a supporting letter from their Primary Health Care Provider that they are able to partake in the activity applied for.

Primary Health Professional's Full Name:

Practice Name and Location:.....

Signature:.....

Date: / /

Declaration

- 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 or Functional Neurological Disorder.
- 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, website, 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 take responsibility for securing my own travel and health insurance to participate in the expedition.
- 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 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.
- I agree speak at a minimum of one public event (as agreed between the Recipient and Grant Provider), talking about my trip and neurological condition, to help change public perceptions, bring hope to others diagnosed and encourage people to be active to improve their well-being and quality of life.

Signature:.....

Date / /

Post your completed application to reach:

Mastering Mountains Selection Panel
MS Society of NZ
PO Box 1192
Christchurch 8140

by 30th June Annually

Multiple Sclerosis New Zealand
PO Box 1192, Christchurch 8140
0800 MS LINE (67 54 63) | info@msnz.org.nz | www.msnz.org.nz