



# NORFOLK ASSISTS THOSE IN NEED Inc (NATIN Inc)

## APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE FOR URGENT MEDICAL EVACUATION (private or commercial flight)

Financial assistance is considered for those people needing urgent medical evacuation by medevac flight; or by commercial flight accompanied by a medical attendant travelling escort; for the purposes of emergency offshore medical or hospital treatment that is not available locally. Applicants must have resided on Norfolk prior to making the application for 1-3 years for \$500 assistance or 3 continuous years to receive \$1500.

**PRIVATE AND CONFIDENTIAL**

*(not for any use or disclosure other than as authorised by NATIN Inc)*

I/We the undersigned seek emergency financial assistance to be used to help with airfare, accommodation, medical and transport costs

Name of Patient:

.....

Name of Applicant:

.....

Date of Birth:

.....

Address of Applicant:

.....

Tel:

.....

Period of time the patient, or parents of a minor, has resided in continuous years on Norfolk Island?

1-3 years \_\_\_\_\_ Over 3 years \_\_\_\_\_

**TO BE COMPLETED BY REFERRING NORFOLK ISLAND DOCTOR**

Referring Norfolk Island Doctor:

.....

Is the patient going on a commercial flight with a qualified medical attendant or on a medevac aircraft?

.....

Medical/hospital attention required:

.....

Departure Date from Norfolk Island:

.....

Name of receiving hospital:

Prince of Wales  St George  Childrens  Other

.....

Doctors Name: \_\_\_\_\_

Signature of referring doctor: \_\_\_\_\_

You should be aware that funds should be spent on specified expenses only and that the debit card will be checked on Netbank to ensure legitimate spending of funds.

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I/We acknowledge and agree that I/we are legally obligated:

- (i) to present to NATIN at the earliest opportunity all receipts or statements to support our expenditure items paid and;
- (ii) Should the card have any residual funds it is to be returned to NATIN Inc on your return to Norfolk Island;
- (iii) that any NATIN funds which are not used or applied by me/us for the purposes for which the NATIN funding was provided becomes a debt payable by me/us to NATIN on its demand.

Signed by Applicant: \_\_\_\_\_

**PRIVATE AND CONFIDENTIAL**

Funding is approved to the sum of \$

**OR**

Funding is not approved

Date \_\_\_\_\_

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Signed for and on behalf of the NATIN Inc **FUNDS DISTRIBUTION COMMITTEE**

\_\_\_\_\_  
FDC Member

\_\_\_\_\_  
FDC Member

\_\_\_\_\_  
FDC Member