



**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 medivac 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 Island for one (1) year continually prior to making the application for funding of **\$500.00**

**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, and 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?

One (1) year +  Over Three (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  Children's  Other

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

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

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

- (i) Should there be any residual funds it is to be returned to NATIN Inc. on your return to Norfolk Island;
- (ii) You should be aware that funds should be spent on specified expenses only
- (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:* .....

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**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**

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FDC Member

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FDC Member

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FDC Member

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Signature

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Signature

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Signature