



## 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: .....

Commercial or medevac aircraft? .....

Departure date from Norfolk Island: .....

Name of receiving hospital: Prince of Wales  St George  Children's  Other

Doctors Name & Signature: .....

Signature of Applicant: .....

**The funds if approved will be deposited into the nominated bank account below. Please provide bank details:**

Name of account holder: .....

BSB #: .....

Account #: .....

**PRIVATE AND CONFIDENTIAL**

Funding is approved to the sum of \$

**OR**

Funding is not approved

*Date:* .....

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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