



## SPRF Application for "Free Dialysis for Underprivileged Fijians" 2024

Note: Application forms, relevant documents submitted will not be returned. Rejected applications will be destroyed

### (A) PARTICULARS. Please fill in or tick the correct information

First Name:	Last Name:	Date of Birth: Age:
NHN:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile Number:
Home Address:		Home phone number:
Name of Next of Kin:		Emergency Contact:
Mobile Number:		Mobile Number:
Nationality: <input type="checkbox"/> Fiji Citizen <input type="checkbox"/> Dual Citizenship (state which other country applicant is a citizen of):	Ethnicity: <input type="checkbox"/> I Taukei <input type="checkbox"/> Rotuman <input type="checkbox"/> Fijian of Indian Descent <input type="checkbox"/> Fijian of Chinese Descent <input type="checkbox"/> Fijian of European Descent <input type="checkbox"/> Other	Attach a recent passport size photograph
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Highest Education Qualification: <input type="checkbox"/> None <input type="checkbox"/> Primary School <input type="checkbox"/> High/Secondary School <input type="checkbox"/> University <input type="checkbox"/> Post Graduate	English Literacy: <input type="checkbox"/> Unable to read/write (requires translation) <input type="checkbox"/> Requires some assistance <input type="checkbox"/> Able to read and write in English
Mobility Status: <input type="checkbox"/> Independent <input type="checkbox"/> Assistance Required <input type="checkbox"/> Wheelchair	Caregiver presence required outside the dialysis room: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### (B) HISTORY OF DIALYSIS TREATMENT. Please fill in or tick the correct information

Name of Treating Doctor:	Date dialysis first commenced:	Type of Vascular Access: <input type="checkbox"/> Hemodialysis Catheter <input type="checkbox"/> Arteriovenous Fistula (AVF)
Number of treatments per week previously* <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Dialysis Center where dialysis is currently provided:	Current fee payable by applicant per session (excluding govt subsidy):

\*Under this support program SPRF needs to ensure optimum number of treatments are conducted per week for best outcomes. Do you agree to undergo 3 (three) dialysis treatment sessions per week?

- ☐ Yes  
☐ No

**(C) LIVING INFORMATION.** Please fill in or tick the correct information

Type of residential property: <input type="checkbox"/> Rented House/Flat <input type="checkbox"/> Family owned house <input type="checkbox"/> Living with non first degree relative*/friend *any person who is not a parent or a sibling	Number of Bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> > 3	Number of persons living in house: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> >5
If living in a rented house/flat, what is the monthly rent payable?	If living in own/family owned property is there a monthly mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, state amount:	If living with a non first degree relative/friend, do you contribute towards household expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, state amount contributed per month:

**(D) FINANCIAL INFORMATION.** Please fill in or tick the correct information

Eligible for Fiji Government Kidney Dialysis Subsidy <input type="checkbox"/> Yes (attach valid subsidy card) <input type="checkbox"/> No	Partial Medical Insurance Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes list name of provider:	Employment Status: <input type="checkbox"/> Part Time Employment <input type="checkbox"/> Full Time Employment <input type="checkbox"/> Own business <input type="checkbox"/> Unemployed <input type="checkbox"/> Medically fit <input type="checkbox"/> Medically unfit <input type="checkbox"/> Retired
Details of current/last employer:  Name of Employer:  Phone contact:  Name of Supervisor/Manager:	Do you have income from leased properties? <input type="checkbox"/> Yes <input type="checkbox"/> No  Total Monthly Rent/Lease Income: FJD	Do you receive, or have you ever received, financial assistance from immediate family members or relatives living overseas? <input type="checkbox"/> Yes - provide details in cover letter <input type="checkbox"/> No
Gross formal annual income (wages/salary):	Gross informal income (sale of goods/produce/ rental income/ other services on ad hoc basis):	TOTAL PERSONAL ANNUAL INCOME (FJD) - Total of formal and informal income:

**LIST OF ASSETS**

Asset Type	Location	Current Value
Land		
Motor Vehicle		
Other		

**(E) FAMILY INFORMATION.** Please fill in or tick the correct information

Name of immediate family (parent, sibling and/or children)	Staying with Applicant (Yes/No)	Relationship to Applicant	Age	Occupation	TIN number	Gross Yearly income (formal and informal) - FJD

TOTAL COMBINED ANNUAL INCOME OF FAMILY MEMBERS

**DECLARATION**

I give consent to South Pacific Relief Fund (SPRF) to provide my personal data, financial information and medical history to third parties for the purpose of:

1. Providing Dialysis Services
2. Endorsing appropriate medical care
3. Means testing and financial assessment for subsidies/funding support

I declare that the information given by me in this application form is true and complete. In addition, I declare that **I am not / I am** affiliated (please delete where appropriate) to any staff / board member of South Pacific Relief Fund (SPRF) or do not have/ have a direct or indirect interest in any business transaction(s), agreement, and investment with South Pacific Relief Fund (SPRF)

**I fully understand and accept that if at any time, it is found that a false declaration has been made in this form; the South Pacific Relief Fund (SPRF) reserves the absolute right not to accept my application or withdraw my subsidy**

\_\_\_\_\_  
Name of Applicant\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Was translation required to complete this form?

- ☐ Yes  
☐ No

This form and all its details was translated to me in the \_\_\_\_\_ language by Mr/Ms \_\_\_\_\_ of \_\_\_\_\_ (address) on \_\_\_\_\_ (date)

\_\_\_\_\_  
Name of Translator\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

## WITNESS

This statutory declaration and the particulars of this form can be witnessed by any the following people:

1. The chief Register, Deputy or assistant Registrar of the supreme court
2. A magistrate
3. The registrar-General or any assistant Registrar General
4. A notary public or commissioner of oaths
5. A registrar or Magistrates court
6. A barrister or solicitor
7. A Justice of Peace
8. A District Officer

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OFFICIAL STAMP OF WITNESS

## Document Checklist:

## Required

- ☐ Completed signed and stamped application form
- ☐ Valid Fiji Government Kidney Dialysis Subsidy Card
- ☐ Identification: Passport/Driver's License or Voter Card
- ☐ TIN Letter
- ☐ Letter from Nephrologist confirming applicant is on dialysis treatment

## Optional but recommended

- ☐ FRCS Tax Lodgement 2023
- ☐ 3 month Bank Statement of Applicant
- ☐ Evidence of Social Welfare Assistance
- ☐ Summary of income and expenses

Cover Letter

Date: \_\_\_\_\_

The CEO/Board  
South Pacific Relief Fund  
California  
USA

[please explain your current financial and family situation]

Yours sincerely

Mr/Ms \_\_\_\_\_  
Dialysis Patient

**OFFICIAL USE (Not to be filled by Applicant)**

SPRF Board Decision

- ☐ Approved for funding support for 12 months
- ☐ Likely to be approved but additional information required
- ☐ Placed on "Reserve List"
- ☐ Declined