

Hearing Assistance Fund background

After 68 years in operation the Gisborne Hearing Association (GHA) closed down in December 2016 and transferred their assets to The Sunrise Foundation (Sunrise) to establish the Hearing Assistance Endowment Fund. [Read more.](#)

Funding criteria

In accordance with the funding guidelines outlined by GHA and included in the signed Memorandum of Understanding between the two organisations Sunrise may only consider grants as follows:

- All grants are strictly for people who reside in the Gisborne community.
- Grants may be used only for hearing impaired people.
- Requests for assistance with Cochlear implants and hearing aids will be considered. Proof of income may be requested with these applications and those regarded as most needy will be considered.

Other considerations for grants are for:

- Education for hearing awareness.
- Funding towards major projects to help hearing impaired people.
- Improving quality of life. Providing opportunities to upskill and for personal development. Proof of income may be requested with these applications.

Funding will be limited to \$1000 per ear if approved.

Timing of applications and notifications

Applications are considered three times per year:

Applications Open	Applications Close	Applicants notified
23 February 2022	10 March 2022	21 March 2022
8 June 2022	21 June 2022	1 July 2022
3 October 2022	13 October 2022	25 October 2022

How to apply

Please complete and return this application form to:

glenda@sunrisefoundation.org.nz or
Glenda Stokes
Sunrise Foundation
PO Box 1068
Gisborne 4040

The Hearing Assistance Funding Application Form, funding criteria and applications dates are subject to change, please ensure you have the current version which is available on our website.



Hearing Assistance Funding Application Form

This application form is for individuals, organisations please contact info@sunrisefoundation.org.nz for an application form

Name of applicant :		Age :	
Name of Guardian (if under 18) :		Date :	
Address :			
Email :			
Phone:		Mobile:	
Ears affected :	One / Two (deleted as applicable)		
Community Services card :	Yes / No (delete as applicable)		
Household income :	Single / double income household (delete as applicable)		
Gross household income :	(Total combined incomes before PAYE)		
Ethnicity :			

1. List all costs associated with hearing treatment, including travel (attach quote from audiologist)

Name of company and what expense is for	Amount (incl GST)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total costs	\$

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2. Please give details of funding from other agencies

Agency	Amount (incl GST)
Ministry of Health	\$
Ministry of Education	\$
Hauora Tairawhiti (District Health Board)	\$
WINZ	\$
ACC	\$
Other (please name)	\$
Other (please name)	\$
Total funding from other agencies	\$

3. How long has your hearing been affected and describe the impact on your day to day activity?

4. How did your hearing loss occur?

5. Tell us anything else you think is important about your hearing loss and financial situation

6. Supporting information checklist

Your application should include the following supporting information:

- Letters of confirmation of funding from other agencies
- Audiologist treatment quote
- Proof of income (three months of pay slips or bank account statements)
- Photocopy of community services card

7. Applicant's declaration

- To the best of my knowledge the information provided in this application is true and correct.
- It is acknowledged that any decision made by Sunrise is final and I accept that no reasons for such a decision may be given, nor any correspondence entered into.
- I agree that Sunrise may contact my treatment provider if required and understand that any grant I receive will be paid directly to the treatment provider.
- I agree that any donation made will be used for the purposes specified in my application. In the event that I cannot comply with the conditions of the donations within the specified time, I will advise Sunrise of the surrounding circumstances to enable a review of the donation to take place.

Signed by:

Name (print): _____ Signature: _____

Please return this form to The Sunrise Foundation – glenda@sunrisefoundation.org.nz
PO Box 1068, Gisborne 4040

The Sunrise Foundation is committed to protecting your privacy. Any personal information provided to us will be treated in accordance with the Privacy Act 1993 and not be used or disclosed other than as described in our Privacy Policy Statement which is available on our [website](#).