

Application for Assistance

- Facility Name: _____
- Facility Address: _____

- Contact person full name: _____
 - Tel: _____
 - Email: _____

1. Wish list – *(Briefly describe your needs)*

2. Reason/ Motivation for request – *(Explain why you are approaching us for this assistance)*

3. List services rendered by facility:

4. Unique service or interesting information about your facility:

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- 5. List your catchment areas: _____

- 6. Population size of catchment area: _____
- 7. Number of patients in facility annually: _____
- 8. Number of patients in ward annually: _____
- 9. Child to adult numbers in facility/ward: _____ / _____
- 10. Annual increase in patients: _____
- 11. Percentage of Black patients: _____
- 12. Average household income of patients: R_____

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