

Application for Assistance

- Facility Name:
- Facility Address:
- Contact person (full name):
- Tel:
- Email:
- Wish list – *(Briefly describe your needs)*

Ward	Equipment Required	Quantity Required

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

- List services rendered by facility:

- Unique service or interesting information about your facility:

- List your catchment areas:

- Population size of catchment area:
- Number of patients in facility annually:
- Number of patients in ward annually:
- Child to adult numbers in facility/ward: /
- Annual increase in patients:
- Ethnic group percentages:

Ethnic Group	%
White	%
Coloured	%
Asian	%
Black	%

Free to Live - Free to Learn