# GSNV Margaret Sahhar Grant

# Application Form 2020

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| Organisation Name (ABN if applicable)**Year Established** |       |
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| Postal Address |       |
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| Contact Name |       |
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| Contact Phone |       |
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| **Email Address** |       |
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|  |  |
| Signature |       |
|  |  |
| Date |       |

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| **Please outline basic details of your project including aims and objectives and timelines:** |

Please tell us why you are seeking this grant, what outcomes you will achieve and how you will go about achieving them. Why is it important that this happens now, what are the consequences if the outcomes are not achieved in 2020?

**Please outline how your proposed project/activity meets the criteria associated with the grant you are applying for:**

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**How has your support group and community been involved in developing this concept and application?**

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**Please outline how your project/activity aligns with the vision and mission of GSNV and your community.**

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| Please tell us how the outcomes for your project align to the GSNV vision and mission and your community.*Our Vision: A world where everyone can flourish**Our Mission:* *To empower people to make decisions about their health and wellbeing**To collaborate for equity and cultural change**To influence the interface between people with genetic, undiagnosed and rare conditions and health professionals to improve the general patient experience**To facilitate access to the practical and pathways to the possible* |

**Please advise how this grant will create transferable learnings and opportunities for collaboration**

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 **Applications close 5PM Friday 6 December, 2019**

Please return your completed application form to:

**Genetic Support Network of Victoria**

**Murdoch Childrens Research Institute**

**Flemington Road Parkville VIC 3052**

**Or**

Email your completed application to:

**info@gsnv.org.au**

All applicants will be advised of the outcome by 13 December 2019.