# JFA Noske Christmas Fund

Guidance and Online Application Form

The JFA Noske Christmas Fund provides grants of $150 to assist eligible adults with disability to celebrate Christmas. The Fund was established in 2009 in honour of the late Mr Noske who set aside funds to spread the joy of Christmas. Grants are available to support personal costs associated with Christmas, including presents for loved ones, food for Christmas day, clothing, travel and more.

**To be eligible for our grants, applicants must:**

* Be over 18 years of age
* Live in South Australia
* Be on a low income (e.g., receiving a Disability Support Pension or equivalent)
* Have one of the following:
  + An acquired brain injury
  + A degenerative neurological condition
  + A physical disability that:
    - Impacts mobility, requiring day-to-day support (e.g., personal care, mobility aids, assistive technology)
    - Is lifelong, either from birth, early childhood, or resulting from an accident or certain illnesses

You must also give consent to disclose all details within your application to Equity Trustees, as the trustee of the Noske Estate.

**What you will need to complete this form:**

* Personal information including your date of birth and contact details
* Information about your disability
* Your bank details
* Your CRN

**There is a limited amount of funding available and we may not be able to fund all the applications we receive.** If we receive more eligible applications than we can fund, we will select successful applications through a lottery. Please do not assume your application will be successful just because you meet the eligibility criteria, or because you have received a grant from us before. Please do not make any spending commitments until we have told you whether your application has been successful or not.

**APPLICATIONS MUST BE RECEIVED BY 5:00PM ON FRIDAY 26 SEPTEMBER 2025.**

We will contact you if we need any additional information, and to tell you our decision on your application. If you are awarded a grant, we will pay the funds by electronic transfer to your bank account. We will inform you of our decision and pay your grant by mid-December 2025.

Please note that the maximum grant is $150 per person. We may award you less than $150. Grants are allocated at the discretion of the Julia Farr Association and our decision is final.

**Privacy notice:**Personal information you provide in this form will be confidential to the Julia Farr Association and Equity Trustees, only used for the purposes of assessing your grant application, and advising you of future grant opportunities.

**Who is not eligible to apply?**  
The JFA Noske Christmas Fund grants were originally connected to Julia Farr Services. This means that the grants are limited to supporting the types of disabilities experienced by the former residents of Julia Farr Services. JFA Purple Orange is legally required to ensure grants are distributed to individuals who have a physical disability that meets the eligibility criteria.   
  
Because of the restrictions on the use of the funds, the following disabilities are not eligible:

* Disability caused by chronic health conditions.
* Disability caused by age-related conditions (including arthritis and dementia).
* Intellectual disability.
* Mental illness.
* Autism and ADHD.

**Application ID (JFA office use only):**

**Full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Suburb:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State: \_\_\_\_\_ Post code: \_\_\_\_\_\_**

**Are you over 18? Yes  No**

**What is the nature of your disability?** (tick which applies)

**lifelong disability from birth / childhood**

**disability resulting from accident or illness**

**none of the above**

**Do you have:** (tick those that apply)

**acquired brain injury**

**degenerative neurological condition, or**

**physical disability which:**

* impacts your mobility so that you have day-to-day support needs, for example for personal care, mobility aids (such as a wheelchair) or supports or assistive technology in your home **AND**
* is a **lifelong** physical disability either from birth, early childhood or resulting from an accident or certain types of illnesses?

**Please provide us with information about the nature of your disability:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you receive or are you eligible for a disability support pension?** Yes  No

**If you receive an equivalent pension, please advise what this is:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you answered yes, please provide your CRN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What Christmas item / activity do you wish to apply for?**

**Christmas presents/decorations**  **Travel to see family and friends**

**Christmas food/meals**  **Christmas clothing for celebrations**

**Other** (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would this item / activity benefit you?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount requested:** (up to $150, subject to available funds)**: \_\_\_\_\_\_\_\_\_**

**If you are awarded this grant, are you happy for us to contact you to share your story of how you used your grant?** Yes  No

**Your bank details**

If your grant application is successful, we will pay the grant directly into your bank account.

**If your application is successful, do you want us to pay your grant into:**

**Personal account**  **Public trustee account**

**Other** (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank details**

**Account holder’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BSB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Account number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If payment is being made to a Public Trustee Account or another form of trustee account, please provide:

**Client ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BSB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Account number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account manager name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you change your bank account details after submitting this application form, please contact our office and provide us with your new bank details. Please note that if you don’t tell us your bank details have changed, we cannot ensure you will receive your grant in time for Christmas.

**Declaration of Applicant and Appointed Guardian if applicable**: I consent to payment of funds in accordance with payment instructions provided in the above Bank Details. I declare the information provided in this application is true and correct and I will use the grants for the intended purpose. I consent to disclose all details within this application form to the trustee of the Noske Estate.

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**Your Signature:**

**Appointed guardian signature**

(if applicable):

**If applicable, appointed guardian details:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisation / Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your completed application to:

**Address:** JFA Noske Christmas Fund, 104 Greenhill Road, Unley SA 5061

**Email:** [grants@juliafarr.org.au](mailto:grants@juliafarr.org.au)

**Applications must be received by 5pm on Friday 26 September, 2025.**