

Application for Full or Partial Funding of Corrective Tattoo



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Terms & Conditions

Outline of purpose

- This initiative is aimed at providing one-off grants to only support individuals who require corrective tattoos after breast cancer procedure.
- Only Applicants who provide the required information in the Application form will be considered and the Applicant must agree to these Terms & Conditions.

Use of funds

- The funds must only be used for directly funding the treatment of the individual named in the Application for the purpose described in the Application.
- The approved funds will only be deposited into the account of the service provider after completion of the procedure. Evidence must be provided by the provider that the procedure has been completed and that the Applicant has fully paid any amount owing outside the amount being funded. No payments will be made into the account of the Applicant.
- This is not a recurring source of funding, it is not transferrable, nor can it be redeemed in cash.
- The grant is provided in the form of a directed donation and no liability is assumed for any aspect of the grant, event, activity, or equipment/resources, outcomes or medical reactions from the procedure completed using the funds granted.
- Pink Ink (Australia) Incorporated (heretofore known as Pink Ink) can help identify service providers in their local areas, however the selection of a service provider is the responsibility of the Applicant, and the Applicant must comply with the service provider's Terms & Conditions.
- In the case where a provider donates a fully funded tattoo, Pink Ink will offer this option to approved Applicants in the local area, but the Applicant is under no obligation to accept the offer should they prefer to choose their own provider. Should the Applicant agree to accept the offered tattoo, Pink Ink assumes no liability for any aspect of the donated service, event, activity, or equipment/resources, outcomes or medical reactions from the procedure completed using the funds granted, and the Applicant must comply with the service provider's Terms and Conditions.

Eligibility

- Applicants must be aged 18 years old or over.
- The Applicant must be a resident or citizen of Australia and residing in Australia.
- The Applicant must have:
 - completed all treatment;
 - received a partial or full mastectomy, lumpectomy, had a loss of nipple/s or faded grafted nipple; or
 - significant scarring, burns or discoloration of skin in the treatment area.
- Applicants being considered for funding must have completed all active procedure (chemotherapy/radiation) and completed all breast cancer related surgery (including reconstruction).
- The current medical condition of the Applicant must be verified by the treating medical professional to ensure the Applicant is suitable for this procedure, and permission must be given for Pink Ink to contact the medical professional to confirm any details include in the Application.
- At this stage, only Applicants currently on healthcare or Centrelink benefits can apply for full funding.
- Applicants not on healthcare or Centrelink benefits can only apply for 50% funding.
- Applicants must agree to all of the Terms & Conditions set out by Pink Ink.

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Funding requests

- Funding can be requested for single or double nipple tattoos, camouflage tattoos or scar depigmentation tattoos on the chest area only. Covering/amending radiation tattoos are not included.
- Funding for reasonable travel costs may be considered as a part of the funding, but this will be at the full discretion of the Board with no discussion entered into, entertained or by appeal by the Applicant.
- The maximum amount of full funding per Applicant is up to the value of \$2,500 including GST.
- The maximum amount of part funding per Applicant is 50% of the cost including GST up to the value of \$1,250.
- Any financial shortfall for the tattoo of choice is the responsibility of the Applicant. Pink Ink is not responsible for payment of the difference in costs.

Requests not eligible

The following falls outside of Pink Ink's funding criteria:

- Retrospective funding - only approved services provided after the approval date will be eligible to claim as part of the grant.
- Funding for those living outside Australia.
- Funding for tattoos to be done outside of Australia.
- Refreshing of tattoos already completed or expanding/adding onto existing tattoos.
- Funding for tattoos provided by unlicensed tattoo establishments or artists.
- Funding knowingly provided for the direct friends or family of the Board, Ambassador or Patrons. Any possible conflict of interest with an Application would exclude that Board Member from being a part of the selection process.

Application

- Applications can only be submitted during a funding round. There will be 4 funding rounds per financial year (subject to funding available).
- Applications must be submitted via the Application Form.
- Applicants will be expected to submit a truthful and accurate Application and attach all requested documentation as evidence.
- Photo identification of the Applicant and current contact details.
- Evidence directly related to the diagnosis, procedure, outcome, and current status - including a copy of a report with diagnosis, surgical procedure undertaken, or oncologist reports etc.
- The Applicant must have the Application signed by their treating medical professional (oncologist, surgeon, breast care nurse or GP), and evidence provided about their diagnosis and procedure.
- All medical professional's contact details and provider numbers must be included, and the Applicant must give the Board Authority to contact them for Application verification.
- All Provider details, licence numbers and written quote must be included, and the Applicant must give permission for the Board to contact their chosen Provider to verify any details of the Application.

Review process of Applications

- Application assessments may take approximately two weeks from time of receipt.
- The Board will review recommendations and make their determination at the first Board Meeting after each Round closes.
- Not all Applications will be successful.
- Decisions on grants will be at the sole discretion of the Board, with no discussion entered into, entertained or by appeal by the Applicant.

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Attachment/Evidence

The following attachments must be included as part of the Application:

- Evidence directly related to the diagnosis, procedure, outcome, and current status – including a copy of the reports with diagnosis, surgical procedure undertaken, oncologist reports etc on letterhead of surgeon, oncologist, dermatologist or GP.
- Applicants who have a health care or pension card need to attach a copy of the card and evidence of current financial support such as a bank statement/ Centrelink statement. Those Applicants who do not have a health care or pension card, can provide evidence of current financial situation to support their Application which can include a payslip/ bank statement/ Centrelink statement.
- Photo Identification of the Applicant.
- Photographs of the affected area for the tattoo. No recognisable features.
- A written quote for the requested tattoo from your preferred provider. This must be no older than 3 months at the time of submission to ensure it remains valid through the assessment process.
- A copy of the standard pricelist from the Provider (if available).
- Your personal circumstances and reasons why you would like to receive funding for the tattoo is important for the Board when assessing Applications. Please take some time to think about what this would mean to you, your life and your family.

Contribution

- Applicants receiving benefits can apply for full funding up the value of \$2,500. It is up to the Applicant to pay any shortfall should the tattoo cost more than \$2,500 and this must be paid upon completion of the tattoo and prior to the funds being transferred to the provider.
- Applicant's not receiving benefits can apply for 50% part funding up the value of \$1,250. It is the responsibility of the Applicant to contribute the remaining shortfall should the tattoo cost more than \$1,250. This must be paid upon completion of the tattoo and prior to the Pink Ink funds being transferred to the provider.
- The Applicant must pay their contribution/shortfall to the provider directly and a Tax Invoice (noting this received payment by the Applicant) must be provided to Pink Ink by the provider prior to the funds being transferred to the provider.

The Provider

- The provider must be selected by you and Pink Ink must be indemnified for your choice.
- All providers must adhere to any State or National legislation/regulations/guidelines that relate to their profession, qualification, licencing, workplace health & safety & hygiene, etc.
- The Applicant must understand that the general tattoo industry is legislated and regulated in Australia, agrees to use a Provider who meets all legal requirements and standards, and agrees to exercise their own due diligence in selecting a provider as Pink Ink is not responsible for recommending or selecting who the Applicant chooses.
- The Applicant must understand that the para-medical & cosmetic tattoo industry is not legislated or regulated in Australia and agrees to exercise their own due diligence in selecting a provider as Pink Ink is not responsible for recommending or selecting who the Applicant chooses.
- The Applicant must ensure that their provider has appropriate insurance for the service they provide.
- Eligible tattoo establishments must have a Master Licence and the tattoo artist must have their own licence.
- Eligible Cosmetic tattoo clinics/spas/beauticians must adhere to anti-infection standards.
- The provider must provide a written quote for the tattoo described in your Application. If the provider has a standard price list, this should be included as an attachment.
- The provider must agree to confirming after the procedure, that the tattoo has been completed by providing photographic evidence of the final tattoo and supplying Pink Ink a Tax Invoice (noting any/all received payments by the Applicant for any contribution/shortfall) before any funding is transferred by Pink Ink.
- The provider must agree to payment from Pink Ink via direct deposit or BPay.

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Outcomes

Successful Applicants

- Successful Applicants will be notified in writing of the outcome of their Application, and this will be confirmed in a letter sent by mail or email to the Applicant.
- Successful Applicants have 6 months from the date of approval on their outcome letter to use their funding.
- If successful Applicants cannot use that funding within that time period, they can request an extension which will be considered at the Board's discretion.
- Due to the unknown amount of funding available, successful Applicants may need to be placed on a wait list until funding becomes available.
- Successful Applicants are directed to provide their outcome letter to the provider associated with the approved funding Application.
- It is the responsibility of the Applicant to action all appropriate steps after receiving the outcome letter (as directed).
- Any unused and/or unspent funds will be forfeit after the expiry date of the funding and returned into the pool of funds for other Applicants.
- Successful Applicants who do not use their approved funding, and who have not received an extension, are invited to reapply at a later stage.
- Successful Applicants cannot re-apply for touch-ups, additional tattoos or new tattoos.
- The Applicant can consent for any before, during and after photographs/video to be used by Pink Ink for the purpose of their records, reporting, showing prospective patients/sponsors/grant providers, and the general promotion of Pink Ink including but not limited to being published on website and posted on social media. All photographs/videos will be securely stored on a third-party platform, with access only by the Board Executive Committee. All "After" photographs must be received by Pink Ink prior to payment of the service
- Successful Applicants agree for the Provider to supply Pink Ink with a photo of the final tattoo as this must be received prior to Pink Ink paying for the service.
- Successful Applicants agree to provide a "comment" about the grant, the outcome and the experience for use in the marketing and promotion of Pink Ink and its reporting. The Applicant can be anonymous.

Unsuccessful Applicants

- Unsuccessful Applicants will be notified by letter which will be sent by mail or email.
- Disclosure of the reasons pertaining to unsuccessful Applications are at the discretion of the Board with no appeal by the Applicant.

Indemnification

You acknowledge and agree that:

- Pink Ink has no control as to the design chosen by you and performed by your nominated provider.
- You indemnify and shall continue to indemnify Pink Ink, it's Directors, employees and volunteers, including but not limited to, for the outcome of the tattoo design, as well as any harmful effects which the tattoo procedure may cause.
- At no stage shall you hold Pink Ink liable and/or responsible for your design, procedure or outcome as such remains outside the control and deed of Pink Ink.

Disclaimer

Pink Ink (Australia) Incorporated has exercised due diligence and duty of care (within its capacity) on behalf of the Charity, and with Applicants, and has made all efforts to avoid funding going to any Provider who is not qualified, not registered, or linked to any illegal activity.

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Photography Consent

- ☐ I consent for any before, during and after photographs/video relating to my Application and Procedure to be used by Pink Ink (Australia) Incorporated for the purpose of their records, reporting, showing prospective patients/sponsors/grant providers, and the general promotion of Pink Ink (Australia) Incorporated including but not limited to being published on the website and posted on social media. I understand that Pink Ink (Australia) will take all care to securely store photographs/videos on the third-party platform, and no responsibility will be placed on Pink Ink (Australia) Incorporated should there be negligence by that third-party platform.

FULL NAME _____

SIGNATURE _____

DATE: _____

How To Apply

1. Research the provider you are considering using for your tattoos.
2. Consult with the provider, to discuss:
 - a) your breast cancer procedure and surgeries;
 - b) your scars, current medical condition, medications, etc;
 - c) your tattoo designs; and
 - d) your intention to apply for funding and the payment terms of the funding.
3. Obtain a quote from the provider and a copy of their standard price list (if available).
4. Obtain the Master Licence numbers of tattoo studios and the Licence Number of the tattoo artist (if applicable).
5. Complete, initial all pages, sign this Application Form and ensure all requested documentation is attached.
6. Meet with your treating medical professional for their review of the completed Application and attachments and obtain their signature as well as their Provider Number.

Application Attachment Checklist

- ☐ A copy of your photo identification.
- ☐ Evidence of your diagnosis/procedure etc.
- ☐ Photos of the affected area for the tattoo (no recognisable features).
- ☐ Quote for the tattoo.
- ☐ Copy of the Provider's price list (if available).
- ☐ Copy of your relevant pension card.
- ☐ Evidence of benefits (e.g. bank statement).

How To Finalise Payment

1. The provider must supply a formal Tax Invoice made out to Pink Ink which includes your name, the style of tattoo, and the date of procedure, and (if applicable), itemising the funding split between Pink Ink and the Applicant and showing the date of payment by the Applicant.
2. Supply photographs of the final tattoo.
3. Send the Tax Invoice and photographic evidence of the finalised tattoo to Pink Ink for payment.

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Application Form

This Application will remain confidential under the Pink Ink (Australia) Incorporated Privacy Policy.
No personal or medical information will be shared without the consent of the Applicant.



APPLICANT INFORMATION

TITLE: _____ FIRST NAME: _____ SURNAME: _____

DATE OF BIRTH: _____ GENDER: _____

STREET ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

MOBILE PHONE NUMBER: _____ EMAIL: _____

Are you a permanent resident of Australia? Yes ☐ No ☐

MEDICAL INFORMATION

DATE OF DIAGNOSIS: _____ DIAGNOSIS: _____

TYPE OF SURGERY: _____

COMPLETION DATES: CHEMOTHERAPY: _____ RADIATION: _____ FINAL SURGERY: _____

TYPE OF SCARRING: _____ ARE YOU PRONE TO KELOID SCARRING: Yes ☐ No ☐

DO YOU HAVE any medical conditions resulting from treatment such as Lymphedema? Yes ☐ No ☐

If yes, please list: _____

DO YOU HAVE any existing medical conditions such as an auto-immune disease or blood disorder? Yes ☐ No ☐

If yes, please list: _____

ARE YOU TAKING any blood thinners? Yes ☐ No ☐ ARE YOU TAKING any other medication? Yes ☐ No ☐

If yes, please list: _____

DO YOU CONSENT for Pink Ink (Australia) to contact your medical practitioner listed on this form
to discuss your diagnosis, treatment and any other relevant information? Yes ☐ No ☐

TATTOO INFORMATION

TYPE OF TATTOO YOU WOULD LIKE TO RECEIVE: _____

DESCRIPTION OF DESIGN: _____

HAVE YOU SELECTED A PROVIDER FOR THIS TATTOO? Yes ☐ No ☐

BUSINESS NAME: _____ ABN: _____

BUSINESS ADDRESS: _____

MASTER LICENCE NUMBER (if applicable): _____

TATTOO ARTIST NAME: _____ ARTIST LICENCE NUMBER: _____

HAVE YOU CONSULTED with the provider and discussed your scarring, treatments and any current medical condition as listed above? Yes ☐ No ☐ **INITIAL
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Application Form continued

This Application will remain confidential under the Pink Ink (Australia) Incorporated Privacy Policy.
No personal or medical information will be shared without the consent of the Applicant.



DO YOU CONSENT to Pink Ink (Australia) to contact the provider to discuss your treatment? Yes ☐ No ☐

QUOTE AMOUNT (including GST): \$ _____

FINANCIAL INFORMATION

ARE YOU ON HEALTHCARE OR CENTRELINK BENEFITS? Yes ☐ No ☐ (If yes, go to ABOUT YOU section)

IF YOU ARE NOT ON BENEFITS, do you agree to funding 50% of the cost of the tattoo?: Yes ☐ No ☐

ABOUT YOU

PLEASE TELL US ABOUT YOURSELF, why you would like to be selected and what this funding would mean to you, your wellbeing and your family. (If insufficient room, please attached another page to the Application.)

WOULD YOU BE INTERESTED in having your journey documented for reporting purposes? *NOTE: This is not a condition of the Application* Yes ☐ No ☐

HOW DID YOU HEAR ABOUT PINK INK (AUSTRALIA)? _____

DISCLAIMER & SIGNATURE (PLEASE TICK THE BOXES AND SIGN BELOW)

- ☐ I have fully read, understood and agree to the Terms & Conditions relating to this Application for funding.
- ☐ I solemnly declare that my answers are true and complete to the best of my knowledge.
- ☐ I understand that false or misleading information will void my Application.
- ☐ I do not hold Pink Ink (Australia) Incorporated or any of its Board members or employees responsible for the permanent tattoo procedure including but not limited to the final design outcome, medical reactions from the procedure, fading, etc, as I was solely responsible for researching this process, confirming I am a suitable candidate, choosing my own design, and selecting my service provider
- ☐ I have undertaken this Application and have decided to have the tattoo procedure of my own free will and without duress by Pink Ink (Australia) Incorporated.

FULL NAME (please print): _____

SIGNATURE: _____

DATE: _____

Please sign and date this Application prior to gaining medical approval.

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Application Form continued

This Application will remain confidential under the Pink Ink (Australia) Incorporated Privacy Policy.
No personal or medical information will be shared without the consent of the Applicant.



MEDICAL PRACTITIONER INFORMATION (to be completed by the Medical Practitioner)

MEDICAL PRACTITIONER NAME: _____ PROVIDER NUMBER: _____

TYPE OF MEDICAL PRACTITIONER: SURGEON ☐ ONCOLOGIST ☐ GP ☐ BREAST NURSE ☐

PRACTICE/HOSPITAL NAME: _____ ABN: _____

PRACTICE/HOSPITAL ADDRESS: _____

PHONE: _____ EMAIL: _____

APPLICANT INFORMATION CONFIRMATION (to be completed by the Medical Practitioner)

ARE YOU THE TREATING PRACTITIONER FOR THE APPLICANT? Yes ☐ No ☐

IS THE DIAGNOSIS DESCRIBED BY THE APPLICANT CORRECT? Yes ☐ No ☐ If no, please clarify: _____

ARE THE TREATMENTS AND COMPLETION DATES provided by the Applicant correct? Yes ☐ No ☐ If no, please clarify: _____

ARE ALL OF THE CURRENT MEDICAL CONDITIONS AND MEDICATIONS described above correct? Yes ☐ No ☐ If no, please clarify: _____

DO YOU BELIEVE the Applicant would be medically suitable (from this time forward) to have corrective tattoos on the location of their body as described? Yes ☐ No ☐

If no, please list concerns: _____

PLEASE PROVIDE ANY FURTHER INFORMATION YOU WOULD LIKE THE BOARD TO KNOW WHEN CONSIDERING THE APPLICANT FOR FUNDING OF THIS PROCEDURE:

MEDICAL PRACTITIONER SIGNATURE (to be completed by the Medical Practitioner)

☐ I understand the Applicant has given Pink Ink (Australia) Incorporated permission to contact me to discuss the Application, the procedure and confirm any medical details as needed for the Application and I agree to providing this information.

FULL NAME (please print): _____

SIGNATURE: _____

DATE: _____

PRACTITIONER STAMP if applicable

HOW TO SUBMIT YOUR APPLICATION

Ensure all sections of the Application form have been completed and signed by yourself and your medical practitioner.

Gather all documentation required as per the checklist on page 6 of the Terms & Conditions.

Email ALL PAGES (1-9) along with your documentation to pinkinkaustralia@gmail.com

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