

APPLICATION FORM

LEG FOR LEGLESS PROJECT

I would like to be considered to be a Recipient of the Artificial Limb under the Rotary Club of Bandar Sunway's 'Leg for Legless Project'. I understand that my application will be processed and that the final determination of whether I qualify as a Recipient will be solely determined by the Board of the Club.

NAME	
I.C.NO	
ADDRESS	
CONTACT NUMBERS	HOME : OFFICE : HANDPHONE :
RECOMMENDED BY (PLEASE MENTION NAME OF ROTARY CLUB OR ORGANISATION/ INDIVIDUAL THAT RECOMMENDED YOU AS A POTENTIAL RECIPIENT)	
EMAIL	
NAME AND CONTACT OF YOUR DOCTOR	

Please tick below

Limb required Left Right Both
Foot size 7 8 9 10

FINANCIAL

Details of financial background

MEDICAL

Details of the reason/circumstances for the loss of limb

To be completed by doctor

Name of Clinic	Signature and Clinic Rubber Stamp
Name of Doctor	
Contact Number	
	Date :

I confirm that I would like to be a Recipient under the 'Leg for Legless ' Project. I hereby attach a letter from my doctor to confirm that I meet the Criteria. In the event I am selected as a recipient, I hereby consent to my name and photo being used in publicity materials for the Rotary Club of Bandar Sunway.

Signature
Name : _____

IC No : _____

PLEASE FAX COMPLETED FORM TO 03-21620391 or
SCAN AND EMAIL COMPLETED FORM TO L4L@rotarysunway.org