



Prostate Cancer Foundation of New Zealand
National Office
PO Box 301313 Albany, Auckland 0752, New Zealand
Ph. 09 415 2405 **Freephone:** 0800 477 678
E. info@prostate.org.nz **W.** www.prostate.org.nz
Registered NZ Charity No CC30635

Prost-FIT Exercise Programme Financial Assistance Application

Prost-FIT is designed specifically for men who have been diagnosed with and/or treated for prostate cancer. Research has shown there are significant benefits gained from exercise that may both assist with recovery and delay the advance of the disease.

Prost-FIT is accredited by the Prostate Cancer Foundation NZ (PCFNZ) and delivered by trained registered exercise professionals. There are modest charges to attend these groups.

Financial support is available for men for whom the cost of attending Prost-FIT classes may cause undue hardship.

Terms and Conditions

- This application will be for up to 10 Sessions
- When approved, funds will be paid directly to the service provider on receipt of their invoice
- This application must be completed by the Applicant

APPLICANT: Please complete the details below in full.

Name _____ Phone () _____

Address _____

Email _____

PCFNZ Member? YES NO Support Group attended? _____

How did you hear about Prost-FIT? _____

Details:

Which Prost-Fit Group will you be joining? _____

How Many Sessions are you applying for? _____

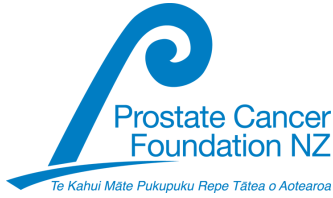
Privacy Statement

- Please tick this box if you do not consent to receiving email communications from the Prostate Cancer Foundation NZ in the future, which may include newsletters, cause-related and campaign information. The Foundation is committed to ensuring that your privacy is protected, will not share your information with any 3rd parties and you can unsubscribe at any time.

Your name and details of this application will be passed onto the Prost-Fit provider for the group that you will be attending.

Signed: _____
(Applicant)

Date: _____



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Please return this form to:

Post: Prostate Cancer Foundation NZ Email: ceo@prostate.org.nz
PO Box 301313 Albany
Auckland 0752

If you need any assistance with this application please email prost-fit@prostate.org.nz

Office Use Only:

Number of Sessions approved _____

Provider _____

Date of Approval _____

Funding for this support is kindly made available from the 2020 Dry July NZ Campaign

