



Victorian Reg. Non-Profit Program No A0038152Y

PC'S for Kids Inc'
400 Pakington St. Newtown 3220
Phone No. 5221 9211 Fax No. 5221 9422
Computers for Children in Need - Educational Assistance Program

Application For Computer System

Office use only
Tracking Number: []

Applicant's Information (Parent/Guardian)

Name of applicant: [] Date: []
Address of Applicant: []
Town/City: [] Post Code: []
Telephone No: [] School Attended: []
Number of Children: [] Ages: []
Health Care Card type: [] CRN: [] Expiry Date: []
Reason For Computer/ Type of Disability if any: []
Medical Verification Signed by doctor. []

(Attach note if space is insufficient)

Referee Information Charity/School/Council (Cover Letter to support application attached)

Name of Referee/Organization: []
Contact in Organization: []
Address of Referee: []
Phone No: [] Fax No: []

Verification that applicant's information is correct : Tick [] Yes [] No

Please attach a photocopy of applicant's Pension Card or Health Care card and letter in support of application. All information contained in this application is confidential and is for use by PC's For kids.

Applicant: [] Signature: []
Referee: [] Signature: []

Available Systems

All systems are subject to change without notice; and is dependent on what systems we have available at the time of the application.

The system identified is typical of those built for donation.

Computer Case: (Desktop) **Laptops not for donation.**

System Type: **PC**

Basic System includes: **P4 or Celeron 1.8 -3.0 GHz**
Windows XP
512 Mb RAM
CD Burner, mouse, keyboard with
CRT Monitor and speakers (external or built in)
Anti - virus and Open Office

Note: All systems are suitable for general school work; reports and word processing, and are internet ready, via broadband connection.

Software installed includes, Anti - virus protector and Open Office; which includes word processing, spreadsheet and presentation programs.

Office Use Only

Application Received: _____ Name of Recipient: _____

Tracking Number: _____ Build Order Approval: _____

System Completed: _____ Healthcare card viewed Date: _____

System Received: _____