

## BRAIN INJURY GROUP (BIG) *HELPINGHANDS* APPLICATION

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

Postal Address: \_\_\_\_\_

Contact Telephone number (home): \_\_\_\_\_

Contact Telephone number (work): \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Province and geographical area and are that you can lend a *HelpingHand*: \_\_\_\_\_

### Authority:

- May BIG use your name and/or photo in collective awareness/ educational or marketing programmes?  Yes  No
- May BIG contact you for research purposes?  Yes  No

### Areas of Assistance: (*Please indicate your choices*)

#### ***BIGAdvisors:***

- Facilitating a *BIGCircle* in a region
- Medical field
- Legal field
- Social development
- Marketing communication

#### ***Assistance to the Brain-injured community:***

- Care-giver Assistance
- BIGSharing

#### **Operational Assistance:**

- Serve on the Brain Injury Group Management Committee
- Administrative assistance in BIG's office
- Stakeholder Management
- Assistance with specific campaigns
- Writing, editing, layout assistance
- Arranging of recreational activities:

All *HelpingHands* will receive a description of services to be delivered

**Financial Assistance:**

- If you choose to lend a *HelpingHand* to BIG by means of a monthly financial contribution, please contact BIG at [info@brainweb.org.za](mailto:info@brainweb.org.za) for a financial authority form
- You are welcome to make an electronic transfer into BIG's bank account: *Standard Bank*, Lynnwood Ridge (branch code 012-445) Account No 41-121-686-4. Please use your name as reference and inform BIG at [info@brainweb.org.za](mailto:info@brainweb.org.za) of your contact details in order to receive your Art 18 A-tax receipt.

**BIG thanks you for lending a *HelpingHand* in bettering the quality of life of the brain-injured community.**

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**NAME**

**SIGNATURE**

Date: \_\_\_\_\_

**FOR OFFICE USE:**

*HelpingHand* Number: \_\_\_\_\_

Month of membership activation: \_\_\_\_\_

Captured on BIG database date: \_\_\_\_\_

Application processed: \_\_\_\_\_

***Please fax this form back to: 0867 222 100***