



# IACAPAP

International Association for Child and  
Adolescent Psychiatry and Allied Professions

## DONATION APPLICATION FORM

Thank you for your attention and support on the projects of IACAPAP that focus on the improvement of child and adolescent mental health worldwide. The following is the guidelines for completing the form.

- **For donation amounts more than USD 1,000, it's mandatory to fill in the Donation Application Form and submit it to IACAPAP Finance Committee for approval.**
- Please answer all applicable questions. If a question is not appropriate or relevant, please write "N/A".
- Please print clearly and use black ink. Incomplete forms will not be considered.
- Copies of all supporting documents (i.e. company profile) must be submitted with this application form.
- If you wish to give any additional information (not covered in this form), please do so on a separate sheet.

|   |  |
|---|--|
| Application Date  |  |
|   |  |
| <b>I) APPLICANT PARTICULAR</b>                          |  |
| Full Name of Donor/Representative of Donor Organisation |  |
| Nationality   |  |
| Occupation  |  |
| Phone Number  |  |
| Email Address   |  |
|   |  |
| Name of the Donor Organisation                          |  |
| Postal Address  |  |
| Zip Code  |  |
| Country   |  |
| Website   |  |
|   |  |



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| II) DONATION INTENTION <i>(Please tick at where appropriate)</i>    |          |        |
|---|----------|--------|
| Type of Donation  | Currency | Amount |
| <input type="checkbox"/> Overall support to Association             |          |        |
| <input type="checkbox"/> Specific Project                           |          |        |
| <input type="checkbox"/> Helmut Remschidt Research Seminar (HRRS)   |          |        |
| <input type="checkbox"/> Donald J. Cohen Fellowship Program (DJCFP) |          |        |
| <input type="checkbox"/> Henrikje Klasen iCAMH Training             |          |        |
| <input type="checkbox"/> Educational Development Grant              |          |        |
| <input type="checkbox"/> IACAPAP e-Textbook and digital platform    |          |        |
| <input type="checkbox"/> IACAPAP Massive Open Online Course (MOOC)  |          |        |
| <input type="checkbox"/> Other, please specify                      |          |        |

We would like to request your consent to publish your name on our website to recognise your kind contribution. If you prefer to stay anonymous, please let us know, and we will not publish your name. Yes ☐ No ☐

I confirm the above information is complete and correct.

\_\_\_\_\_  
Signature

Name:

\_\_\_\_\_  
Date



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**Official use (not to be completed by applicant)**

|  |                                  |                     |  |
|--|----------------------------------|---------------------|--|
| Date of Receive<br>Application Form                          |                                  | Reference<br>Number |  |
| Reviewed by Finance<br>Committee (Amount<br>up to USD 4,999) | <input type="checkbox"/> Approve | Date                |  |
|  | <input type="checkbox"/> Reject  | Date                |  |
|  |                                  | Reason              |  |
| Reviewed by Bureau<br>(Amount greater<br>than USD 5,000)     | <input type="checkbox"/> Approve | Date                |  |
|  | <input type="checkbox"/> Reject  | Date                |  |
|  |                                  | Reason              |  |