



Mates ON A MISSION

**Turning Precious Moments
into Unforgettable Memories.**



Every day in Australia, over 14,000 children battle life threatening illnesses, with many more families thrust into this unimaginable journey each year. Behind these numbers are stories of courage, resilience and heartbreak, but most importantly, families desperately seeking hope, joy and connection amidst the storm.

This is where Mates on a Mission (MOAM) steps in. Founded in 2004 by three mates united by compassion, MOAM began as a grassroots movement supporting vital causes like Youth Off the Streets, Westmead Children's Hospital and Save Our Sons. Over the years, we've built playgrounds, created sensory gardens and donated critical equipment to schools and hospitals, spreading hope and love where it's needed most.

However, in 2018 our mission found its heartbeat. We shifted our focus to provide children with life threatening illnesses and their families the one thing they need the most - precious time together. From international adventures to intimate local getaways, we craft experiences that create unforgettable memories. Moments of laughter, connection and love that transcend the challenges of everyday life.

TOGETHER, WE CAN CHANGE LIVES.

MOAM is more than a charity; it's a community of dreamers, doers and givers who believe in the power of making every moment count. With our DGR status, every dollar you contribute is fully tax deductible and goes directly towards creating moments that matter.

BUT WE CAN'T DO THIS ALONE.

We need mates like you to join us. To believe that even in the face of life's greatest challenges, joy is possible. That every child deserves a reason to smile. Your support can turn despair into hope. It can turn fleeting time into cherished memories that families will hold onto forever.

BE A MATE. BE THE DIFFERENCE.

Together, we can give families facing unimaginable challenges the greatest gift - precious memories that will last a lifetime.

**Let's make it happen.
Let's be mates.
Let's be unstoppable.**

Contact Us

- 📞 0415 865 472
- ✉️ info@matesonamission.com.au
- 🔍 www.matesonamission.com.au

DONATE NOW

NOMINATE A FAMILY

DO YOU KNOW A CHILD WITH A LIFE THREATENING ILLNESS WHO WOULD LIKE THE OPPORTUNITY TO GO ON A FAMILY HOLIDAY, SPENDING QUALITY TIME AND MAKING WONDERFUL MEMORIES WITH THOSE THEY LOVE THE MOST.



Mates on a Mission welcomes all applications.

WHO IS ELIGIBLE?

For a child to be eligible for the MOAM Making Memories experience he/she:

- 1 must be living in Australia;
- 2 must suffer from a life threatening illness - a progressive, degenerative or malignant condition - supported by evidence from the treating specialist;
- 3 must ultimately have approval from treating medical specialist to participate in the MOAM holiday/experience.

WHO CAN APPLY OR REFER A CHILD?

Children who may be eligible for the MOAM Making Memories experience can be referred by one of four sources:

- 1 The child themselves, however consent of legal guardian required if child is below 18 years of age
- 2 Parents / legal guardians
- 3 Medical and Allied Health Professionals involved in the treatment and care of the child
- 4 Family member / Relative / Friend

HOW TO APPLY OR REFER A CHILD?

In order for us to assess the eligibility of the child to participate in the MOAM Making Memories experience, please complete and submit the following forms, along with supporting documents:

APPLICATION FORM

The child and referrer must complete and submit the Application Form to commence the assessment process. To assist us in determining the child's eligibility, please ensure all sections are completed fully and with as much information as possible. Please email completed application forms to info@matesonamission.com.au.

MEDICAL SPECIALIST REPORT

This report must be completed by the child's treating doctor in the field relating to the life threatening medical condition.

PARENTS CONSENT FORM

This form must be completed by the child's parent or guardian.

WHAT HAPPENS AFTER YOU APPLY OR REFER A CHILD?

While Mates on a Mission strive to gift as many experiences as possible, the Board is constrained by resources and cannot unfortunately grant all wishes. With that in mind, the Board will consider all applications against a number of criteria/factors to prioritise applications. These factors include but not limited to prognosis and medical clearance.

If you are successful, you'll be contacted to discuss logistics and make the necessary arrangements.

Any unsuccessful applicant will be notified in writing and can elect to leave their application on file for future consideration.

APPLICATION FORM



Relationship to Child

Self ☐

Parent/Guardian ☐

Medical Professional ☐

Family Member / Relative / Friend ☐

Other ☐ Please specify _____

How did you hear about us? _____

REFERRER INFORMATION

Title _____ Date of birth _____

Surname _____ Given name(s) _____

Residential address _____

Suburb _____ State / Territory _____ Post code _____

Mobile _____ Daytime telephone _____

Email _____

MOAM CHILD'S INFORMATION

Title _____ Date of birth _____ Gender Male ☐ Female ☐

Surname _____ Given name(s) _____

Has this child ever received a wish grant from any wish granting organisation?

Yes ☐

Specify which organisation, and date of wish

No ☐

Not Sure ☐

What type of destination or experience would the child/ family prefer? (e.g. beach holiday, cultural exploration, adventure activities, relaxation retreat). The more details you can provide, the better we can serve you.

In order to facilitate communication, please tick all the boxes that apply to the child you are referring

☐ Staycation (within your state/ local area) ☐ Interstate travel ☐ International location

In order to facilitate communication, please tick all the boxes that apply to the child you are referring

☐ This child is non-verbal ☐ This child functions at a 7-11 year old, concrete operational stage
☐ This child is developmentally on target for chronological age ☐ This child functions at an 11+ year old, formal operational stage
☐ This child functions at a 0-2 year old, sensorimotor stage ☐ I am not sure
☐ This child functions at a 2-7 year old, preoperational stage

FAMILY INFORMATION

PARENT OR GUARDIAN 1

Relationship to the child _____

Title _____ Date of birth _____

Surname _____ Given name(s) _____

Residential address _____

Suburb _____ State / Territory _____ Post code _____

Mobile _____ Daytime telephone _____

Email _____

What is the families primary spoken language? _____

Please list the child's siblings and their ages

NAME	AGE

Does the parent/guardian consent to this application? Yes ☐ No ☐

PARENT OR GUARDIAN 2

Relationship to the child _____

Title _____ Date of birth _____

Surname _____ Given name(s) _____

Residential address _____

Suburb _____ State / Territory _____ Post code _____

Mobile _____ Daytime telephone _____

Email _____

Does the parent/guardian consent to this application? Yes ☐ No ☐

CHILD'S MEDICAL INFORMATION

What is the nature of the child's medical condition (including diagnosis, prognosis and current treatment needs)

When was the child diagnosed with this condition?

Does the child require any special travel needs?

Treating doctors consulted for the child's medical condition.

DOCTOR'S NAME	ADDRESS	DATE OF LAST CONSULTATION

Tell us in your own words why you think the child your referring should be selected.

Signature

Date

SPECIALIST MEDICAL REPORT

This report must be completed by a specialist in the field relating to the terminal medical condition.

MEDICAL PROFESSIONAL'S DETAILS

Title _____ Provider # _____ Daytime telephone _____

Surname _____ Given name(s) _____

PATIENT'S PERSONAL DETAILS

Title _____ Date of birth _____

Surname _____ Given name(s) _____

PATIENT'S MEDICAL CONDITION DETAILS

Provide full details of the patient's diagnosis and prognosis

When was the medical condition first diagnosed?

When did the patient last consult you for this condition? When is the next consultation scheduled?

What treatment is planned for the future?

Are there any physical restrictions on the patient's ability to travel overseas or participate in any local experience?

Yes ☐ No ☐ If so, please set out all restrictions:

Are there any medical or treatment restrictions on the patient's ability to travel overseas or participate in any local experience?

Yes ☐ No ☐ If so, please set out all restrictions:

What is your estimate of the patient's life expectancy?

Less than 12 months ☐

More than 12 months ☐

Signature _____

Date _____

Please provide any further information that may assist with the patient's application.

Signature

Date

CONSENT FORM



MOAM CHILD'S INFORMATION

Title _____ Date of birth _____ Gender Male ☐ Female ☐

Surname _____ Given name(s) _____

PARENT OR GUARDIAN 1

Relationship to the child _____

Title _____ Date of birth _____

Surname _____ Given name(s) _____

Residential address _____

Suburb _____ State / Territory _____ Postcode _____

Mobile _____ Daytime telephone _____ Email _____

PARENT OR GUARDIAN 2

Relationship to the child _____

Title _____ Date of birth _____

Surname _____ Given name(s) _____

Residential address _____

Suburb _____ State / Territory _____ Postcode _____

Mobile _____ Daytime telephone _____ Email _____

By signing this Consent Form, I agree to the following:

- a. I have read, agree and initialled the attached Terms and Condition of Participation;
- b. the inclusions and exclusions of and incidental to the Mates on a Mission (MOAM) Making Memories Experience have been explained to me, and I fully understand them;
- c. I have consulted my Child's medical specialist about the nominated experience and fully understand all risks arising from my Child's medical condition.
I assume all responsibility for the health of my child/children; and
- d. I have been informed that MOAM does not provide any form of insurance covering:
 - a. my Child for his/her pre-existing medical conditions, and any complications arising before, during or following the MOAM Making Memories Experience., including but not limited for expenses in respect to, incidental to, or arising from contracting coronavirus, or any other communicable disease.
 - b. any family member, guardian or other person participating in the MOAM Making Memories Experience, including but not limited for expenses in respect to, incidental to, or arising from contracting coronavirus, or any other communicable disease.
- e. If my Child, or any family member, guardian or other person participating in the MOAM Making Memories Experience requires medical attention before, during or following the MOAM Making Memories Experience, including any requirement for hotel or other quarantine, I agree that all costs associated, including but not limited to medical costs not covered by Medicare and/or my private health fund, are my responsibility. I have taken this into consideration in accepting the MOAM Making Memories Experience.

Parent/Guardian 1 Signature

Date

Witness

Date

Witness Signature

Parent/Guardian 2 Signature

Date

Witness

Date

Witness Signature

MATES ON A MISSION MAKING MEMORIES EXPERIENCE TERMS AND CONDITIONS OF PARTICIPATION

1. Acceptance of a child and family for a MOAM Making Memories Experience will be considered provisional until this form is signed by the Child's parent or guardian and given to an authorised MOAM representative.

RISK NOTICE AND VOLUNTARY ASSUMPTION OF RISK

2. I acknowledge, and accept, that:
- 2.1 MOAM have agreed to provide, as a gift, the funding for the MOAM Making Memories Experience of my choosing.
- 2.2 MOAM do not represent or warrant the suitability of the MOAM Making Memories Experience, including its suitability for the current medical condition of my Child.
- 2.3 Owing to my Child's medical condition, there is a risk associated with travel and/or any activity that involves physical exertion and as such, my chosen experience has certain inherent risks associated with it. I understand that the risks of participation are increased because of my Child's pre-existing medical condition.
- 2.4 MOAM recommends that I consult my Child's medical specialist before participating in the experience. Regardless of whether I have consulted a medical specialist, I agree that by accepting this experience gift from MOAM, I am aware of all risks inherent in my Child's participation and I voluntarily assume those risks (including any arising from the negligence of MOAM).
- 2.5 I understand that MOAM has obtained no personal accident insurance or any other insurance covering my Child's medical condition, and it is my responsibility to obtain any and all insurance which is appropriate for that purpose and treatment.
- 2.6 I understand that MOAM will not supervise my Child during the experience and he/she must be supervised by me or an adult arranged by me.

WAIVER AND INDEMNITY

3. In consideration of my Child being gifted a MOAM Making Memories Experience, on my own behalf and on behalf of my Child, I fully and irrevocably exclude and release MOAM and its sponsors, travel consultants, as well as their directors, officers, employees, volunteers, agents and representatives, from all liability for any loss, damage, cost or expense (whether in negligence, contract, under statute or otherwise) suffered by my Child and/or any members of my family attending the experience, as a consequence of their involvement in experience, including in relation to death and personal injury.
4. I further agree that if any claim, including in relation to personal injury, property damage or wrongful death arising from my Child is commenced, I will indemnify and hold harmless MOAM, its sponsors, travel consultants, as well as their directors, officers, employees, volunteers, agents and representatives from any and all loss, damage, cost or expense in connection with such claim.

EXCLUSION OF MOAM'S LIABILITY

5. The Civil Liability Act 2002 (NSW) ("CLA") permits a term of a contract for the supply of recreation services to exclude liability of the supplier for damages for harm resulting from breach of an express or implied warranty that the services will be rendered with reasonable care and skill. I understand and agree that, to the extent permitted by law, MOAM, its sponsors, travel consultants (and any of their directors, officers, employees, volunteers, agents and representatives) exclude all liability for damages for any harm (including but not limited to personal injury or death) from a failure to exercise reasonable care and skill, regardless of whether the claim is brought in tort (including in negligence), in contract, under statute or otherwise, where such liability results from breach of an express or implied warranty that the services will be rendered with reasonable care and skill.
6. I understand and agree that to the maximum extent permitted by law:
- 6.1 all conditions, warranties, guarantees, rights, remedies, liabilities or other terms implied or conferred by statute, custom, or the general law that impose any liability or obligation on MOAM, its sponsors and travel consultants (or their directors, officers, employees, volunteers, agents and representatives) are excluded (including consumer guarantees to the extent such exclusions are permitted under the law);

- 6.2 neither MOAM, nor its sponsors, nor its travel consultants (nor any of their directors, officers, employees, volunteers, agents and representatives) will be liable to me, my Child or any other person in contract, tort (including negligence) or otherwise for any loss, damage, cost or expense of any kind (including direct, indirect or consequential losses, damages, costs and expenses) suffered or incurred by me, my Child or any other person in connection with the experience; and
- 6.3 in any circumstances where the above exclusions (or any of them) are held by a Court to be ineffective or unenforceable for any reason whatsoever, MOAM's liability to my Child, to me and to any other person is limited (at its option) to resupplying, repairing or replacing the service or the payment of the cost of supplying the service to my Child and me again.
7. Section 139A of the Competition and Consumer Act 2010 (Cth) ("CCA") permits a term of a contract for the supply to a consumer of recreational services, to exclude liability of the supplier for the death and personal injury arising from the failure to comply with a guarantee provided in sections 60 to 62 of the Australian Consumer Law. I understand and agree that, to the extent permitted by section 139A of the CCA, MOAM, its sponsors and travel consultants (and any of their directors, officers, employees, volunteers, agents and representatives) exclude all liability in connection with the supply of recreational services for: (a) death; (b) physical or mental injury; (c) the aggravation, acceleration or recurrence of a physical or mental injury; (d) the contraction, aggravation or acceleration of a disease; and (e) the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs in relation to an individual, that is or may be harmful or disadvantageous to the individual or community, or that may result in harm or disadvantage to the individual or community, resulting from a failure of MOAM (or any of their directors, officers, employees, volunteers, agents and representatives) to comply with a guarantee in sections 60-62 of the ACL. This exclusion of liability does not apply where significant personal injury is caused by the reckless conduct of MOAM.

PROMOTIONAL CONSENT

8. I agree that MOAM, its employees, officers, agents and contractors:
- 8.1 can take images of recordings of my Child and/or family, whether by way of photograph, sound recording or otherwise;
- 8.2 can keep a record of information provided by me, my family or Child regarding my child's illness, medical story and participation in MOAM's activities ("story");
- 8.3 can use, publish, reproduce, exhibit or distribute (in full or in part) the images and recordings of my Child, my family and my Child and my family's story, for internal and external promotional, marketing, publicity and fundraising activities conducted by MOAM for the purpose of benefiting MOAM's not-for-profit and charitable goals. This is not limited to, but includes by way of example, use in newsletters, brochures. Promotional and supporter emails, advertising, MOAM's website; social media accounts;
- 8.4 can distribute (in full or in part) the images and recordings, together with my Child and/or family's story, to third parties for the purpose of those third parties engaging in fundraising activities for and promoting their association with MOAM, and agree that the third parties can use, publish, reproduce, copy, exhibit or distribute these images, recordings and story for that purpose;
- 8.5 can use my first name and, where applicable, the first name of my Child and/or other family members may be used in association with the images, recordings and story for the purposes set out above; and
- 8.6 will not pay any fee to me, my family (or Child) for the use of images, voice recordings, video footage or story as set out above.

PRIVACY

9. MOAM's Privacy Policy contains further information about how you can obtain access to your personal information, how you can make a complaint, and how MOAM uses personal information. The Privacy Policy can be found at MOAM's website www.matesonamission.com.au

Parent/Guardian 1 initial

Parent/Guardian 2 initial