Dental Treatment Aid Grants for Low-income Adults Application Form

2027

In partnership with Aotearoa Charity Hospital, the New Zealand Dental Association has established a grants program that provides subsidies for **one full course of dental treatment for adults** who hold a community services card. The program relies on the voluntary participation of dentists and dental assistants who offer their time and expertise without receiving payment. The purpose of this initiative is to ensure that financially disadvantaged individuals in need of dental treatment can receive the necessary care without incurring additional costs. The commitment of these volunteer dentists and their assistants allows for the provision of essential dental services to those who may not have been able to access them otherwise.

The fees assigned to any treatment will be as per the CDA fee schedule (being a fee more equal to covering fixed overhead and dental materials cost, with no component for dentist/dental assistant remuneration).

No co-payment can be charged to the patient.

The number of patients treated covered by the grant funding will be relative to the needs of the selected patients, **but to a maximum of $1000 per patient*.**

We invite **NZDA members** to apply for these grants for themselves or on behalf of their practice.

Applications for the grants program will be accepted from **12 October 2026 to 22 January 2027.**

There are **ten $10,000** NZD grants available. These grants will be awarded in **early 2027,** with utilisation between **March 2027 and October 2027**

GRANT FUNDS CRITERIA

- Funded treatment for current community service card holders or low-income adults who have high dental needs.
- All treatment must be for restorative purposes (not cosmetic).
- Funds must be used to provide complete treatment to eligible patients.
- Practitioners to provide treatment voluntarily only.

**Additional funding requirements will have to be discussed with NZDA*

APPLICANT DETAILS

Applicant Name:

_____

Applicants Practice Name: -

_____

Practice Address:

_____

Are you an NZDA Member? Yes / No

Membership Number:

_____

Are you applying for yourself or for your whole practice? Just me / Practice

TO APPLY, please answer the questions below in a separate document:

1. Provide a brief background on your client base or localised population that would benefit from this grant.

2. Give an example of a previous charitable dental aid provided by the involved practitioner or practice.

3. Tell us how you or the practice would allocate funds appropriately.
   (e.g., only funding materials, consumables, and other associated costs)

4. Tell us how you or the practice would measure and report on the treatment provided and subsequent outcomes of the funding.