

CONFIDENTIAL

CYSTIC FIBROSIS TRUST SUPPORT SERVICE

APPLICATION FORM FOR A WELFARE GRANT

GUIDANCE NOTES

- Please read the Guidelines for Welfare Grants before completing this application form.
- Please write clearly and continue on a separate piece of paper if you have insufficient space.
- **All applications must be endorsed by a health professional, preferably a Social Worker, or member of the Specialist CF team involved in supporting the person with Cystic Fibrosis.**
- Please note that Cystic Fibrosis Trust Welfare Grants are for people with Cystic Fibrosis. Help for families or carers may be provided when this relates to the person with Cystic Fibrosis, for example, travel for transplant assessment.
- If the application relates to a deadline, for example, a holiday, please state this and allow plenty of time for the application to be considered. **DO NOT BOOK A HOLIDAY ON THE BASIS THAT A GRANT WILL BE GIVEN.**
- Grants awarded are paid by cheque.
- **Evidence of cost is usually required.**
- The Support Service tries to ensure applications for grants are dealt with promptly and sensitively. We ask for detailed information in order to speed up your request. Please help us by completing all parts of the form and submitting it with the information requested. If you have any queries or difficulty with this, please do not hesitate to call the **Welfare Grants Officer ☎: 0300 373 1020**

see off cf

www.cftrust.org.uk

Patron: HRH Princess Alexandra, the Hon. Lady Ogilvy, KG, GCVO President: Duncan Bluck CBE

Cystic Fibrosis Trust registered as a charity number 1079049

A company limited by guarantee registered in England and Wales number 3880213

Registered office: 11 London Road, Bromley, Kent BR1 1BY

The Cystic Fibrosis Trust has a limited fund for Welfare Grants. We therefore try to ensure that we do not use our limited funds for requests that could be funded elsewhere. However all requests within the grant criteria are considered and every effort is made to meet requests that are unlikely to be considered by any other organisation (including statutory sources).

In order to help us reach a fair decision please complete the following questions. Please read the guidance notes on the front first.

1. Full Name of Applicant:.....

2. Address:.....

..... Post Code:.....

Daytime Telephone Number (in full):

3. Full name of person with CF:.....
(if different from the applicant)

4. Date of birth:.....

5. Name(s) of Hospital(s) attended by person with CF:

.....

6. Purpose for which grant is sought (please give full details of what you need and how it will help you):

.....

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.....

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7. If applying for a holiday grant, when did you last have a holiday?
(A holiday grant is usually awarded only if a person has not had a holiday for 2 years)

.....

8. Amount requested £

(please attach a written estimate or evidence of the cost of your holiday)

9. What other organisations have you approached for a grant?
(Due to our limited funds, we look for assurance that you have approached all statutory funding sources and other organisations, eg: The Social Fund, Family Fund, Family Welfare Association, REACT and other charities.)

.....
.....

9a. What was the outcome?:

.....

10. Cheque to be made payable to:

Address (if different from 2. above):

.....

To support your application, please ask a health professional involved in the care of the person for whom the grant is requested to complete the endorsement on the next page of this form. This should be a member of the CF Team.

I confirm that the information given above is true and complete. In signing this form, I am also giving my permission for the Cystic Fibrosis Trust to add my personal details to their database.

APPLICANT'S SIGNATURE: DATE:.....

Please return this form, together with the completed endorsement on the back page, marking the envelope 'Private & Confidential' to:

***The Welfare Grants Officer
Cystic Fibrosis Trust
11 London Road
Bromley
Kent
BR1 1BY***

Please include a written estimate or evidence of the cost where possible.

Endorsement (please use block capitals)

I have known since
He/she has been diagnosed as suffering from Cystic Fibrosis.

In my opinion a charitable grant is necessary and appropriate because (please enclose a covering letter if you prefer):

.....
.....
.....
.....
.....
.....

Full name of person endorsing this application:

Job title:

Full address:

.....
.....Postcode:.....

Daytime Telephone no: Signature:.....

For office use only		Region:	Alms ref:	
Budget No. & name	Amount Requested	Purpose	Amount Awarded	Adult/Child
Recommended by:				
Authorised by:				
Decision Date:			Cheque No:	
Made payable to:			Date sent:	