

The Pearl Newman Cancer Relief Fund

Providing equipment, counselling and back-up facilities for
cancer patients and their carers
Registered Charity No 1039154

GRANT APPLICATION FORM FOR INDIVIDUALS

Request from:.....

Date:/..../20....

| A. PATIENT DETAILS | | | |
|---|---------------|------------|--------|
| Title | First Name(s) | Surname | D.O.B. |
| Home Address | | | |
| Town/City | | Postcode | |
| Tel No. | | Mobile No. | |
| Is the patient employed/unemployed/self-employed/retired/other _____ <small>*please delete as necessary</small> | | | |
| Number of dependants (under the age of 18) living in household? Please list names and ages: | | | |
| What are the patients living arrangements? (i.e. living alone, with spouse/partner, with parents) | | | |
| Total number of people in household _____ | | | |
| B. CIRCUMSTANCES | | | |
| Please give a complete description of the patients present medical condition and the expected duration or prognosis of the illness: | | | |
| Please outline the patient medical history up until this present illness: (continue on a separate sheet if necessary) | | | |
| Please outline any other extenuating circumstances: (e.g. patient has been made redundant or has recently suffered a personal tragedy etc.) | | | |
| C. OTHER FUNDING | | | |
| Has the patient applied to the Pearl Newman Fund before? YES/NO | | | |
| If yes, please give details: | | | |
| Has the patient received or applied for funding from other organizations in relation to this specific request? YES/NO | | | |
| If yes, please give details | | | |

| | | |
|--|------------|---|
| D. FINANCIAL DETAILS | | |
| Is this a request for financial assistance/equipment/other support* _____ <small>*please delete as necessary</small> | | |
| Is financial assistance is needed, what is the amount requested £ _____ | | |
| What is this for? (Please be specific and provide a breakdown if necessary) | | |
| If equipment or any other support is needed, please give details here: | | |
| How are the patient household living expenses shared? | | |
| What is the household net monthly income from: | Salaries | £ |
| | Benefits | £ |
| | Grants | £ |
| | Other | £ |
| | TOTAL | £ |
| E. SPECIAL CONDITIONS | | |
| Please note that all equipment is given ON LOAN and will have a Pearl Newman sticker attached. Any special circumstances or conditions required must be noted here: | | |
| F. ADDITIONAL INFORMATION | | |
| Is there any additional information to include in support of this application? If so, please use the space below (continue on a separate sheet if necessary) | | |
| G. DECLARATION | | |
| I am the person named on this application and to the best of my knowledge all answers to all questions are accurate. I understand the information provided will not be used for any purpose other than in relation to this application. My details will not be passed on to ANY third parties. | | |
| Signed: (I AM THE PATIENT/THE PATIENT REPRESENTATIVE)* <small>*please delete as appropriate</small> | Print name | |
| H. REQUESTED BY DOCTOR OR CONSULTANT (This section must be completed) | | |
| Signed | Print name | |
| Position | | |
| Countersigned by Medical Practitioner/Matron (if applicable) | | |
| Signed | Print name | |

PLEASE RETURN THIS FORM TO: MRS. JACKIE LEACH, CHARITY ADMINISTRATOR

THE PEARL NEWMAN CANCER RELIEF FUND
THE PEARL SUITE, UNIT 1B, EDDINGTON BUSINESS PARK, THANET WAY, HERNE BAY, KENT, CT6 5UJ

FOR FURTHER INFORMATION, OR ANY QUERIES PLEASE CALL 01227 742624