

Application Form to request a Patient Support Grant



Please complete this form clearly and in black ink

About you

Fund Reference (office use only)

Mr Mrs Miss Other

Surname

Forename

Other Names Date of Birth

Address

Postcode

Day time phone No Evening phone No

Email

About your condition

Date diagnosed with Kidney Cancer

Name of Hospital where you have received or are receiving treatment

Consultant's Name

Hospital & Unit Address

Postcode

About your GP

Your GP's Name

Surgery Address

Postcode

In helping the James Whale Fund to assess my application I consent to them requesting, if required, further information on my medical condition.

Failing to complete this could delay your application.

Signed

About your application

Amount of Grant applied for £

Proposed purpose of Grant being applied for. Please use a separate continuation sheet if necessary

Total household income per annum £

Total household expenditure per annum £

Apart from the James Whale Fund Patient Support Grant have you applied for any other financial support to cover the same need?

Yes No

If Yes, please provide full details

Signed

--

Please print name

--

Date

--

Fund Reference (office use only)

--

Details of person supporting the application

This cannot be a relative, and must be someone that knows you well, and is prepared to support you application, as it is possible that we may contact them directly.

Persons we will accept include GP, Hospital Doctor/Nurse, Social Worker, Justice of the Peace, Police Officer, Solicitor, Head Teacher or leading Member of a Religious Group, Peer, MP, MSP or AM.

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="text"/>
Surname							
Forename							
Occupation							
Address							
<input type="text"/>							
<input type="text"/>							
Postcode							
Contact Telephone Number							
Email							
I have know the person named on this application for							
Months							
Years							
I agree to endorse the application made by							
<input type="text"/>							
And acknowledge that in signing this endorsement, the James Whale Fund, may wish to contact me directly.							
Signed							
<input type="text"/>							
Please print name							
<input type="text"/>							
Date							
<input type="text"/>							

Please return the completed form to:

Patient Grants Officer
James Whale Fund for Kidney Cancer
The Old Coach House
High St
Harston
Cambridge CB22 7PZ

Fund Reference (office use ony)

Terms and Conditions

Patient Support Grant applications are reviewed initially by an independent committee whose names appear on the Fund's website, www.jameswhalefund.org

- 1 Any grant awarded will not exceed £1,000
- 2 The Fund at its sole discretion reserves the right to question the applicant on the information provided, and request further detail from the person endorsing the application. Whether by way of a telephone enquiry or written communication.
- 3 The Fund will not award a grant to cover the cost of any medication or hospital treatment of any description. Or to reduce financial debts, other than considering hardship in meeting utility bills.
- 4 Only one award per household will be made in any given 12-month period.
- 5 The Fund cannot accept any responsibility whatsoever for an application lost or delayed by any mail delivery service.
- 6 The money awarded needs to be used for the sole purpose for which the application was made. James Whale Fund will need to be notified in writing should the purpose change.
- 7 On confirmation of the awarding of a grant all payments, where possible, will be made directly to the supplier of the service by the James Whale Fund. Should this not be practical the claimant will be required to provide the James Whale Fund with either the originals, or copies of all documents to support the expenditure.
- 8 The James Whale Fund will report to the relevant authorities if it suspects that there have been any attempts made to obtain a grant in a fraudulent manner.
- 9 Following the awarding of a grant the Fund will not, without written consent, use the applicant's details for any publicity or show details within any printed matter or online.
- 10 We will include, but will not show individual detail, the total sum of money made available under our patient grant scheme in the Fund's annual report and accounts. The applicant may however share information about the grant with any parties of their choice.
- 11 The Fund will not enter into any verbal or written discussions should it decide not award a grant, other than to notify the applicant that they have been unsuccessful.
- 12 The James Whale Fund Panels decision is final and not subject to appeal.
- 13 All applicants must reside in the United Kingdom.
- 14 The Fund will retain within its secured database details of all grant applications made. Such information will not be disclosed to any third party unless a request is made by an authority entitled to demand the information from the Fund.

All applicants must be aged 18 years or above.