

APPLICATION FOR A CARE GRANT

1 Who is the care grant for?

Full Name of Child	<input type="text"/>		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender	<input type="text"/>
Full Name of Parents/Guardians	Parent 1: <input type="text"/>	Parent 2:	<input type="text"/>
Home Address	<input type="text"/>		
Postcode	<input type="text"/>		
Daytime Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Employment Situation	Parent 1: <input type="text"/>	Parent 2:	<input type="text"/>
Please give names and dates of birth of all siblings	<input type="text"/>		

2 Who is applying?

If you are not the parent or guardian of the child who will benefit. Please let us know who you are.

Full Name	<input type="text"/>		
Relationship to the Child	<input type="text"/>		
Or, Organisation and Position	<input type="text"/>		
Daytime Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

3 Diagnosis/Treatment

Diagnosis	<input type="text"/>		
Date of Diagnosis/Relapse	<input type="text"/> / <input type="text"/> / <input type="text"/>		
On Active Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Active Treatment	<input type="text"/> / <input type="text"/> / <input type="text"/>
Hospital	<input type="text"/>		
Consultant Name	<input type="text"/>	Telephone	<input type="text"/>
Support/Social Worker Name	<input type="text"/>	Telephone	<input type="text"/>
Support/Social Worker Based At	<input type="text"/>		

4 Grant

All initial grant requests are for £250. Please explain how this grant would be used, including any deadlines, and explain how it would benefit the child. Please continue on another sheet if necessary and attach sheet to this form.

In exceptional circumstances, further grants may be given. If you need further support, please give details.

5 Other Information

Have you ever applied for support from us before?

Yes No

If yes, when?

/
/

6 Payment

If a care grant is awarded, it is likely to be paid to you via cheque or direct bank transfer. To speed up the payment process, please provide your bank account details.

Account Name/Holder

Sort Code

Account Number

7 Data Protection

In order for us to continue supporting families through our Care Grants project, it is important that we show our supporters how their money helps. We may wish to share your child's story on our website, newsletter or other literature. If you would like to send us some photos to go alongside your story, please email them to Vicky Nash at vnash@lennoxccf.org.uk. Please be assured that we will never pass your address or contact details on to a third party.

If you would prefer that we **do not** share your story with our supporters, please tick this box. This will not affect the outcome of your application.

Lennox Children's Cancer Fund

was established in 1992 to make a positive difference to the lives of children with cancer or leukaemia. This was, and still is, achieved through projects such as Care Grants, which all aim to provide relief to whole families.

Applications for Care Grants are put forward for consideration as soon as it is practically possible. Applicants will usually receive a response within a couple of weeks but please allow up to six weeks as we can become inundated at times.

If your request is urgent, or there is a deadline, please mention this in your application.

Your form should be returned to:

Care Grants
Lennox Children's Cancer Fund
Suite D, 7-13 High Street
Romford
Essex
RM1 1JU

Alternatively, you may email your form to:
vnash@lennoxccf.org.uk

For full criteria information, please visit our website:
www.lennoxccf.org.uk

For Office Use Only:

Date Application Received: _____

Amount Awarded: _____ Date: _____

Trustee Authorisation

Name: _____ Signed: _____ Date: _____