

Financial Support for Children and their Families

The Irish Cancer Society offers financial support to parents of children diagnosed with cancer to help them with the unexpected expenses that this diagnosis brings, such as travel expenses to cancer treatment appointments, heating bills, childcare, home help and respite care.

This is a one off grant of up to €3,000. The award is not means tested.

The application form can be downloaded from the Irish Cancer Society website at www.cancer.ie/childrensfund or can be provided by a member of the team involved in the child's treatment at CHI Crumlin.

To qualify for Financial Support a patient must:

- Be under 18 years of age.
- Have a current cancer diagnosis and be on active treatment.
- Be living permanently in Ireland.

How to apply:

- This application can be completed by a parent or guardian with the legal right to make decisions on behalf of the child.
- The completed form, signed by your GP or a healthcare professional involved with the child's treatment, must be sent to the Irish Cancer Society, 43 / 45 Northumberland Road, Ballsbridge, Dublin 4, D04 VX65 or email financialsupport@irishcancer.ie
- Consent from a parent or guardian, acting on the child's behalf, must be provided.

Outcome

1. Once received, an application can take up to 10 working days to process.
2. Submitting an application is not a guarantee of receiving financial support.

Application number:

Financial Support Application Form

Patient Information

This application must be completed in BLOCK CAPITALS by the patient's parent or guardian.
Incomplete applications will be returned.

1. Name of Patient:

F I R S T N A M E

L A S T N A M E

2.

Male:

Female:

3. Address:

4. Date of birth:

D D M M Y Y Y Y

5. Telephone:

6. Cancer diagnosis:

7. Date of diagnosis:

8. Is the patient on active treatment:

Yes

No

9. Has previous financial support ever been awarded through Irish Cancer Society? If so, when?

Signature:

Parent / Guardian Consent:

- I consent to the personal and medical information provided in this form being stored and processed by the Irish Cancer Society for the purposes of administrating and auditing the financial support scheme. I understand it will not be shared with any other organisation, other than with my permission, or where required by law.

Yes

No

- I am happy to be contacted by the Irish Cancer Society about other services and supports for families affected by cancer.

Yes

No

- I am happy to be contacted by the Irish Cancer Society to discuss the possibility of sharing my story to raise awareness of children's cancer and how the Irish Cancer Society can help other families.

Yes

No

Financial Support Application Form (contd.)

Parent / Guardian Consent: (contd.)

Name:

F	I	R	S	T	N	A	M	E		
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L	A	S	T	N	A	M	E			
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Telephone:

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Relationship to child:

Address:

I believe the facts stated on this form to be true and accurate at the time of application. Yes:

Signature of Parent / Guardian:

Details of healthcare professional supporting this application:

Name:

F	I	R	S	T	N	A	M		
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		S	T	N	A	E			
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Job Title:

Date:

D	D	M	M	Y	Y	Y	Y
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 Direct tel:

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Email:

Address:

Date of Application:

D	D	M	M	Y	Y	Y	Y
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I am satisfied that this patient has a cancer diagnosis and is currently on active treatment.

Yes: No:

Signature:

Bank Details

Please provide your bank account details or your credit union account details (IBAN + BIC numbers) for payments. Please give full name as it appears on the account.

Name:	<input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="R"/> <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="N"/> <input type="text" value="A"/> <input type="text" value="M"/> <input type="text" value="E"/> <input type="text"/>	<input type="text" value="L"/> <input type="text" value="A"/> <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="N"/> <input type="text" value="A"/> <input type="text" value="M"/> <input type="text" value="E"/> <input type="text"/>
Bank:	<input type="text"/>	Branch: <input type="text"/>
Name on account:	<input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="R"/> <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="N"/> <input type="text" value="A"/> <input type="text" value="M"/> <input type="text" value="E"/> <input type="text"/>	<input type="text" value="L"/> <input type="text" value="A"/> <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="N"/> <input type="text" value="A"/> <input type="text" value="M"/> <input type="text" value="E"/> <input type="text"/>
IBAN:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	
Swift Code / BIC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(IBAN & Swift Code/BIC number can be found on your bank statements)

Please ensure that the above details are correct as the Irish Cancer Society cannot accept liability for payments to incorrect accounts.

The Irish Cancer Society are no longer in a position to arrange payment by cheque.

For office use only

Date received:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Approved by:	<input type="text"/>	
Payment Amount:	<input type="text"/>	
Patient's name:	<input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="R"/> <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="N"/> <input type="text" value="A"/> <input type="text" value="M"/> <input type="text" value="E"/> <input type="text"/>	<input type="text" value="L"/> <input type="text" value="A"/> <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="N"/> <input type="text" value="A"/> <input type="text" value="M"/> <input type="text" value="E"/> <input type="text"/>
Payee name: (if different from Patient name):	<input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="R"/> <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="N"/> <input type="text" value="A"/> <input type="text" value="M"/> <input type="text" value="E"/> <input type="text"/>	<input type="text" value="L"/> <input type="text" value="A"/> <input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="N"/> <input type="text" value="A"/> <input type="text" value="M"/> <input type="text" value="E"/> <input type="text"/>
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Application Rec. No:	<input type="text"/>	
For office use only: Record no.:	<input type="text"/>	