

## **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 limited fund.

A total of 3 applications can be assessed over the course of a child's treatment, with a 12 month interval between each application. The maximum amount that can be paid out is €1000 for the first application and €500 each for a second and third application. There is no automatic entitlement and each application is assessed on a case by case basis. A healthcare professional involved with the child's treatment, such as the medical social worker in the hospital, will provide the application form. The funding awarded is not means tested.

Financial support from Irish Cancer Society is not an automatic entitlement, it is available to those in financial need.

### **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:**

- A healthcare professional such as a medical social worker, cancer care nurse or another member of the patient's medical team must assist in applying for financial support. A patient or their Next of Kin may not fully complete the application form themselves.
- Consent from the next of kin, 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. Funds are limited and are based on eligibility and availability.



Application number:

# Financial Support Application Form

## Patient Information

This application must be completed in BLOCK CAPITALS & submitted by a healthcare professional (e.g. medical social worker, cancer care nurse).

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:

## Next of Kin consent:

I understand and agree that, and expressly consent to, the personal and medical information requested by the Irish Cancer Society and provided about me, and my child, on this form will be stored and processed for financial support administration and auditing purposes only. This information will not be shared with any other organisation, other than with your permission, or where required by law. I believe the facts stated on this form to be true accurate at the time of application and the criteria for financial need has been met:

Name:

F I R S T   N A M E

L A S T   N A M E

Signature:

Relationship to child:

## Media consent (optional):

We are currently looking for families who would be willing to share their story. We hope to raise awareness through media campaigns about financial issues, so that cancer patients and their families who are experiencing difficulties are aware of the support available to them.

This is completely optional and if you decide to put down your details we will only contact you in relation to your story. If you leave this box blank, we will not be in contact with you.

## Contact Details:

(this form is continued on Page 4 of 6)

# Financial Support Application Form (contd.)

7. Cancer diagnosis:

8. Date of diagnosis:

9. Is the patient on active treatment: Yes  No

10. Employment status:  
Mother Employed: Yes:  No:   
Father Employed: Yes:  No:

Comment if necessary:

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

12. Are the family in receipt of any social welfare payments (Domiciliary Care Allowance, Carer's Allowance, Jobseekers Benefit)?

Yes:  (if yes, please give details) No:  (if no, please outline why not)

13. Would the next of kin like to be contacted by an Irish Cancer Society nurse to discuss supports that may be available to them locally or from the Irish Cancer Society?

Yes:  No:

Signature of next of kin:



# Irish Cancer Society

The mission of the Irish Cancer Society is to play a vital role in achieving work class cancer care services in Ireland, to ensure fewer people get cancer and those that do have better outcomes, our goals are focused around prevention, survival and quality of life with three programme areas to achieve them: advocacy, cancer services and research.

**For advice and support about cancer,  
talk to a specialist cancer nurse in confidence:**

**Irish Cancer Society Cancer Nurseline**

**Freephone:** 1800 200 700

**Email:** [cancernurseline@irishcancer.ie](mailto:cancernurseline@irishcancer.ie)

**Website:** [www.cancer.ie](http://www.cancer.ie)

## 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. Where a patient has no account please give next-of-kin's account details.

Name:

|   |   |   |   |   |  |   |   |   |   |  |  |  |   |   |   |   |  |   |   |   |   |  |  |  |
|---|---|---|---|---|--|---|---|---|---|--|--|--|---|---|---|---|--|---|---|---|---|--|--|--|
| F | I | R | S | T |  | N | A | M | E |  |  |  | L | A | S | T |  | N | A | M | E |  |  |  |
|---|---|---|---|---|--|---|---|---|---|--|--|--|---|---|---|---|--|---|---|---|---|--|--|--|

Patient:  Next-of-kin:

Bank:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Branch: |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|

Name on account:

|   |   |   |   |   |  |   |   |   |   |  |  |  |   |   |   |   |  |   |   |   |   |  |  |  |
|---|---|---|---|---|--|---|---|---|---|--|--|--|---|---|---|---|--|---|---|---|---|--|--|--|
| F | I | R | S | T |  | N | A | M | E |  |  |  | L | A | S | T |  | N | A | M | E |  |  |  |
|---|---|---|---|---|--|---|---|---|---|--|--|--|---|---|---|---|--|---|---|---|---|--|--|--|

IBAN:

|  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
|  |  |  |  |  | / |  |  |  |  | / |  |  |  |  | / |  |  |  |  | / |  |  |  |  |
|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|

Swift Code / BIC:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(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:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Approved by:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Payment Amount:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Patient's name:

|   |   |   |   |   |  |   |   |   |   |  |  |  |
|---|---|---|---|---|--|---|---|---|---|--|--|--|
| F | I | R | S | T |  | N | A | M | E |  |  |  |
|---|---|---|---|---|--|---|---|---|---|--|--|--|

|   |   |   |   |  |   |   |   |   |  |  |  |
|---|---|---|---|--|---|---|---|---|--|--|--|
| L | A | S | T |  | N | A | M | E |  |  |  |
|---|---|---|---|--|---|---|---|---|--|--|--|

Payee name: (if different from Patient name):

|   |   |   |   |   |  |   |   |   |   |  |  |  |
|---|---|---|---|---|--|---|---|---|---|--|--|--|
| F | I | R | S | T |  | N | A | M | E |  |  |  |
|---|---|---|---|---|--|---|---|---|---|--|--|--|

|   |   |   |   |  |   |   |   |   |  |  |  |
|---|---|---|---|--|---|---|---|---|--|--|--|
| L | A | S | T |  | N | A | M | E |  |  |  |
|---|---|---|---|--|---|---|---|---|--|--|--|

Date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Application Rec. No:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

For office use only:

Record no.:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|