

## Travel2Care Application Form A: Travel expenses for cancer tests

Travel2Care Form A is for people who need help with the cost of travelling to their appointment(s) for cancer tests at a designated cancer centre.

The Travel2Care scheme is for patients who are experiencing genuine financial hardship and provides help towards the cost of train or bus tickets, petrol and parking.

### YOU CAN APPLY FOR TRAVEL2CARE IF:

- You are living in Ireland long term
- Are having tests in one of the following hospitals:
  - Beaumont Hospital, Dublin**
  - Cork University Hospital**
  - University Hospital Limerick**
  - St Vincent's University Hospital, Dublin**
  - Mater Misericordiae University Hospital, Dublin**
  - St James's Hospital, Dublin**
  - University Hospital Galway**
  - University Hospital Waterford**
  - Letterkenny General Hospital**
  - Our Lady's Children's Hospital Crumlin**
  - St Luke's Hospital, Rathgar**
  - Whitfield Clinic**
  - Altnagelvin Area Hospital**
- You are travelling over 50km to get to your appointments
- You are having financial difficulty with the cost of getting to your appointments
- Appointments must have been within a month from when you apply or be taking place in the near future.

### HOW TO APPLY:

Complete and post the application form to **Travel2Care, Irish Cancer Society, 43/45 Northumberland Road, Dublin 4.**

Applications are assessed within ten working days.

**Please note**, if you are having treatment for cancer, you can apply for assistance through Travel2Care Form B. Applications for Travel2Care Form B are made by a healthcare professional such as your medical social worker or cancer care nurse.

If you have any questions about this form **please call: 01 231 6643.**

The Travel2Care scheme is managed by the Irish Cancer Society  
on behalf of the National Cancer Control Programme (NCCP).

## Irish Cancer Society

The Irish Cancer Society is a community of patients, survivors, volunteers, supporters, health and social care professionals and researchers. Together, we are working to save lives and improve the lives of people affected by cancer.

Our vision is that by 2025, three out of four Irish cancer patients will survive their diagnosis everyone affected by the disease will have access to world-class treatment, care and support and that, by 2050, no one in Ireland will die from cancer.

**Concerned about cancer?**

**Diagnosed with cancer?**

**Caring for someone with cancer?**

**For advice, support and information, talk to a specialist nurse in confidence.**

**Support Line**

**Freephone:** 1800 200 700

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

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



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**National Cancer Control Programme**



The National Cancer Strategy – *A Strategy for Cancer Control in Ireland* – was published in 2006 and recommended that all major cancer treatment be delivered in designated specialist cancer centres. These centres should be networked together in Managed Cancer Control Networks in four administrative regions, each serving a population of approximately 1 million. A key objective of the strategy is that each of the four regions will be self-sufficient in relation to the services for the more common forms of cancer.

The HSE's National Cancer Control Programme has responsibility for the implementation of the strategy. This will involve the transfer of all major cancer diagnostic and surgical treatments. The delivery of systemic therapy services (medical oncology/chemotherapy) will continue to be delivered at a number of agreed locations linked under protocol to the new centres. Patient support and palliative care services will also be provided at local level to ensure ease of access.

Designated specialist cancer centres are located and networked within each of the four HSE administrative regions. The following 13 centres and satellite centre have been designated:

- **Beaumont Hospital, Dublin**
- **Cork University Hospital**
- **University Hospital Limerick**
- **St Vincent's University Hospital, Dublin**
- **Mater Misericordiae University Hospital, Dublin**
- **St James's Hospital, Dublin**
- **University Hospital Galway**
- **University Hospital Waterford**
- **Approved satellite centre: Letterkenny General Hospital**
- **Our Lady's Children's Hospital Crumlin**
- **St Luke's Hospital, Rathgar**
- **Whitfield Clinic**
- **Altnagelvin Area Hospital**

## Travel2Care Application Form A

### Applicant Information

Please ensure all sections are completed in **BLOCK CAPITALS** and returned to the Irish Cancer Society. Incomplete, faxed or photocopied forms will not be accepted.

Distance to designated cancer care centre:  km *(Must be over 50km/31miles)*

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

Male  Female:

Address:

Date of birth:  D  D  M  M  Y  Y  Y  Y Tel:

Please tick the designated centre where you are having your tests:

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Beaumont Hospital  | <input type="checkbox"/> | St Vincent's University Hospital       | <input type="checkbox"/> |
| University Hospital Limerick                                   | <input type="checkbox"/> | St James's Hospital                    | <input type="checkbox"/> |
| Mater Misericordiae University Hospital                        | <input type="checkbox"/> | University Hospital Waterford          | <input type="checkbox"/> |
| University Hospital Galway                                     | <input type="checkbox"/> | Our Lady's Children's Hospital Crumlin | <input type="checkbox"/> |
| Letterkenny General Hospital <small>(satellite centre)</small> | <input type="checkbox"/> | Whitfield Clinic                       | <input type="checkbox"/> |
| St Luke's Hospital, Rathgar                                    | <input type="checkbox"/> | Altnagelvin Area Hospital              | <input type="checkbox"/> |
| Cork University Hospital                                       | <input type="checkbox"/> |  |                          |

What type of cancer are your tests for? e.g. Breast/Lung

Appointment date(s):  Please list your appointment dates

Medical card holder: Yes:  No:  Pending:

Please briefly outline your employment status, household income (including spouse/partner) and the financial hardship or need you have in meeting the costs of travelling to a designated cancer centre:

### Means of transport:

Public:  Total ticket costs (return): €

Private:  Total costs (return): €

Please attach any receipts you have received for public transport/petrol/parking/toll costs for appointments in the last month. We can not provide assistance for appointments earlier than one month from the date this application is received.



Irish Cancer Society application number:

**Bank Details:**

Please provide your bank account details or your credit union account details (IBAN + BIC numbers) for payment. Please give full name as it appears on the account. If you don't have an account please give next-of-kin's account details.

Name:  Applicant:  Next of kin:

Bank:  Branch

Name on account:

IBAN:  /  /  /  /  /

(Can be found on your bank statement)

Swift code / BIC number:

(Can be found on your bank statement)

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

**Consent of patient or next-of-kin:**

I understand and agree that, and expressly consent to, the personal and medical information requested by the Irish Cancer Society and provided about me on this form will be stored and processed for Travel2Care 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 in this form to be true.

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

Signature:

Applicant:  Next of Kin:

**Please provide contact details of your referring GP or healthcare professional:**

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

Job title:

Direct tel:  (We must have a contact number to confirm appointment was attended.)

Email:  Optional

Address:

Date of application:  D D M M Y Y Y Y

**For office use only - Travel2Care Form A**

Date received:  Approved by:  Payment amount:

Patient' Name:  F I R S T  N A M E  L A S T  N A M E

Date:  Application record no.: