

About the Travel2Care Application Form A

(Travel expenses for Cancer tests)



Who is this form for?

Travel2Care Form A is for people who need help with the cost of travelling to their appointment(s) for diagnostic 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, petrol and parking.

You can apply for Travel2Care A if:

- You are living in Ireland long term.
- You are travelling over 30km to get to your appointments.
- You are having financial difficulty with the cost of getting to your appointments.
- You must be attending for cancer tests. The last test appointment date must be within the 8 weeks prior to your application being received.
- 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

Tallaght University Hospital

South Infirmary Victoria University Hospital, Cork

The Mercy University Hospital, Cork

How to apply

Send the completed application with photo ID to the following email address: financialsupport@irishcancer.ie or post the completed application with photo ID to the following postal address:

Patient Travel & Financial Support, Irish Cancer Society, 43/45 Northumberland Road, Dublin 4, D04 VX65.

Completed applications with accompanying ID will be processed within 10 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 at your Travel2Care treatment centre.

If you have any questions about this form, please email financialsupport@irishcancer.ie or call **01 231 0522**.

Travel2Care Application Form A (Travel expenses for Cancer tests)

This form is for travel related to diagnostic cancer tests only. If your travel is for ongoing treatment, please use Application Form B instead.



Applicant information

Please ensure all sections are completed in BLOCK CAPITALS and returned to the Irish Cancer Society. All sections must be completed. Incomplete sections may result in delay in processing of application.

Distance to designated cancer care centre: km (Must be over 30km)

Name:

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

Gender

Male:

Female:

Non-Binary

Prefer to keep private:

Address:

Eircode:

0 0 0 0 0 0 0

Date of birth:

D D M M Y Y Y Y

Tel:

Email:

Medical Card Holder

Yes:

No:

Pending:

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

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

What type of cancer are your tests for?

e.g Breast/Lung

Test appointment date(s):

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 at your Travel2Care treatment centre.

Bank Details:

Please provide your bank account, credit union account or post office account (IBAN and BIC) details for payment. Please give full name as it appears on the account.

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.

If next-of-kin account (for adult patient only) has been provided, please provide details of relationship to applicant (e.g. mother, son etc.) and reason why next-of-kin account has been provided:

I consent to the Irish Cancer Society retaining my data for the purposes of processing this application. For more information, see our privacy policy on our website: <https://www.cancer.ie/irish-cancer-society-privacy-policy> ▶ Yes No

I would like to hear more about the Irish Cancer Society's services and supports available to me. I consent to the Society calling me with more information on this. ▶ Yes No

Please note, the patient, or Parent/Guardian may be contacted by a member of the Financial Support Team by phone to verify the details of the application.

Signature:

Relationship to applicant:

If Next-of-Kin applying on behalf of patient, please outline reason why:
.....
.....

Details of healthcare professional supporting this application:

Name:

F	I	R	S	T	N	A	M	E	L	A	S	T	N	A	M	E
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Job title:

Direct tel:

Email:

Address:

Eircode:

0	0	0	0	0	0	0	0
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Date of Application:

D	D	M	M	Y	Y	Y	Y
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Signature:

By stamping this application I am confirming that I am satisfied that this patient is in genuine financial need and I believe the facts stated on this form are true:

Hospital / Department Stamp

Before posting the application, please make sure:

- Patient is in genuine financial need and is having difficulties travelling to appointments.
- Patient cannot avail of other voluntary transport services e.g. Transport Service.
- All sections of the application form are completed.
- The payment details are correct and the full account details and account name are listed.
- Consent of the patient has been obtained or next-of-kin consent, in the case of minor or incapacitated adult
- Healthcare professional or GP has signed, stamped and filled out the relevant contact details.
- The form is legible.
- Once copy of patient ID (or next-of-kin, if signing on behalf of patient as above) has been obtained, please attach with completed application and email to financialsupport@irishcancer.ie. Acceptable ID includes in date Passport, Irish Driving Licence or Public Services Card.