## **Guidance for applicants**

## A Roy Castle Lung Cancer Foundation Patient Grant is a one-off payment of up to £150 awarded to people with lung cancer. Grants can be used for a wide range of practical needs, such as: help with bills, towards a short break, or a piece of household equipment which would make life easier.

As we have a limited amount of funding available in the year 2020, funds will be allocated monthly within budget. We cannot cover costs of items that can be funded via social, health or other statutory services such as occupational therapy equipment.

We aim to help as many people as possible by offering some financial help to offset additional costs related to lung cancer diagnosis. Your Lung Cancer CNS plays an important role as a “gatekeeper” for our service by ensuring funds are used to help people living with cancer who are most in need of financial support.

Any supporting information provided will inform our decision to make a grant and determine the value of the award. Please also include specific information about how the amount of financial support requested has been estimated, for example:

* Clothing might include: coat at a cost of £x; shoes at a cost of £x
* Bedding might include:duvet at a cost of £x; sheets at a cost of £x.

Each application is individually assessed on its own merits and all information provided will be fully considered (please see page 6 for Terms and Conditions).

## **Personal information**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone no: |  |
| Email: |  |
| Date of birth: |  |

**Details of Grant request**

Our Patient Grant is a one-off payment of **up to £150** awarded to people with lung cancer.

Please tell us what your grant will be used for (including expected costs where possible)?

Have you, or are you planning to apply to any other funding source, such as MacMillan, for the same items?

|  |  |  |
| --- | --- | --- |
| * Yes | * No | * Comments: |

Please tell us how much you would like to apply for:

£50 £75 £100

£125 £150

**Financial checklist**

I confirm (please tick most appropriate boxes in columns 2 and 3)

|  |  |  |
| --- | --- | --- |
| I do not have savings of more than: | * £6,000 as a single person | * £8,000 as a couple of family |
| and | | |
| My household disposable income is under: | * £170 a week as a single person + £85 for each dependent child | * £289 as a couple + £85 for each dependent child |

**Bank details**

Bank name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch sort code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of account holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are unable to pay into a Post Office account, if you have no other bank account please nominate someone to receive payment on your behalf. Please enter their details above.

Where did you hear about the Roy Castle Lung Cancer Foundation Patient Grant?

Have you used our Ask the Nurse service, local support group or attended an Information Day?

* Yes No Not sure

**To be completed by Lung Cancer CNS**

Type & stage of lung cancer:

Lung Cancer CNS name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital name: \_\_\_

Contact tel.no:

Contact email: \_\_\_\_\_

Month/ year of diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

I confirm that the information I have provided is correct to the best of my knowledge.

If my application is successful, I undertake to use the grant solely for the purpose for which it was awarded.

Signed: **(Patient)**

Print name: Date: \_\_\_\_\_\_\_\_\_\_\_

FOR NURSE SPECIALIST:

I confirm that the information provided on behalf of this patient is correct to the best of my knowledge.

Signed: **(Lung Cancer CNS)**

Print name: Date: \_\_\_\_\_\_\_\_\_\_\_

*Please note application must be signed by patient and nurse before it can be processed further, we are unable to accept DS1500 in place of signature on the application form.*

We would like to hear your views about the impact of this service so may contact you with a brief evaluation form, if you would prefer us not to, please tick here

**Please let us know how we can communicate with you in the future.**

I would like to hear about (please tick all that apply):

Information and support for people affected by lung cancer

Campaigning

Fundraising & Marketing including ways to give, appeals and volunteering

I would like to share my story or become a patient advocate

No further contact

**I would like to be contacted by** (please tick all that apply):

Post

Telephone

Email

Text message

We will not share personal information supplied by you with any third-party organisation without your consent

Our full Privacy Policy can be found at [www.roycastle.org/privacypolicy](http://www.roycastle.org/privacypolicy)

**Please** **return completed signed application form to:**

Roy Castle Lung Cancer Foundation

Patient Grants Team

98 Holm Street

Glasgow

G2 6SY

***For official use only:***

***Date application received: PO number:***

**Terms and Conditions**

1. Any grant awarded will not exceed £150.
2. The Fund at its sole discretion reserves the right to question the applicant on the information provided and request further detail from the person endorsing the application. Whether by way of a telephone enquiry or written communication.
3. The Fund will not award a grant to cover the cost of any medication or hospital treatment of any description. Or to reduce financial debts, other than considering hardship in meeting utility bills.
4. Only one award per household will be made.
5. The Fund cannot accept any responsibility whatsoever for an application lost or delayed by any mail delivery service.
6. The money awarded needs to be used for the sole purpose for which the application was made.
7. On confirmation of the awarding of a grant, all payments, where possible, will be made directly to the claimant.
8. Following the awarding of a grant the Fund will not, without consent, use the applicant’s details for any publicity or show details within any printed matter or online.
9. We will include, but will not show individual detail, the total sum of money made available under our patient grant scheme in the Fund’s annual report and accounts. The applicant may however share information about the grant with any parties of their choice.
10. The Fund will not enter into any verbal nor written discussions should it decide not award a grant, other than to notify the applicant that they have been unsuccessful.
11. All applicants must reside in the United Kingdom and be eligible for NHS treatment.
12. The Fund will retain within its secured database details of all grant applications made. Such information will not be disclosed to any third party unless a request is made by an authority entitled to demand the information from the Fund.
13. Patient Support Grant applications received are reviewed weekly and notification of either acceptance or rejection will be made in writing 10 days following.

If you would like more information please don’t hesitate to call the Roy Castle Lung Cancer Foundation on: **0333 323 7200, option 2** or visit [**www.roycastle.org**](http://www.roycastle.org)