

# The Children's Fund

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](http://www.cancer.ie/childrensfund) or can be provided by a member of the team involved in the child's treatment. Any child at any hospital can apply for the grant – Temple St, Mercy University Hospital, CHI and 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.
- ▶ We will need photo ID of the parent applying (Drivers licence, passport, Public Service Card) sent to [financialsupport@irishcancer.ie](mailto:financialsupport@irishcancer.ie). This will be deleted from our system once verified.
- ▶ The completed form, signed and stamped by your GP or a healthcare professional involved with the child's treatment, must be sent, along with photo ID, to the following email [financialsupport@irishcancer.ie](mailto:financialsupport@irishcancer.ie) or by post to Patient Travel & Financial Support, Irish Cancer Society, 43 / 45 Northumberland Road, Ballsbridge, Dublin 4, D04 VX65. Consent from a parent or guardian, acting on the child's behalf, must be provided.

## Grant Process:

- ▶ Once we have received a fully completed application form, from a parent or healthcare professional with supporting photo ID of the parent / guardian, the application will be processed. This can take up to 10 working days to complete.
- ▶ Submitting an application is not a guarantee of receiving financial support.

## Checklist

- All sections of the application form are complete
- Bank Details are correct
- Signed by Health Care Professional with their contact details
- Stamped by Health Care Professional
- Signed by parent or guardian
- Email has been sent to [financialsupport@irishcancer.ie](mailto:financialsupport@irishcancer.ie) with photo ID (Public Services Card, Drivers Licence, Passport),

## Details of healthcare professional supporting this application:

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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Job Title: 

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Date: 

D	D	M	M	Y	Y	Y	Y
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 Direct tel: 

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Email: 

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Address: 

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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

Who is applying on the patient's behalf?

Parent  Guardian

Signature of healthcare professional:

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Hospital / GP / Department Stamp:

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# The Children's Fund

## Patient Information

All fields are mandatory. 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												
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L	A	S	T	N	A	M	E													
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2. Gender:

Male:  Female:  Non-binary:  Unknown:

3. Address:

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4. Eircode:

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5. Date of birth:

D	D	M	M	Y	Y	Y	Y
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6. Telephone:

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7. Cancer diagnosis:

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8. Date of diagnosis:

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9. Is the patient on active treatment:

Yes  No

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

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# The Children's Fund (contd.)

## Parent / Guardian Consent:

- ▶ I consent to my personal and/or my child's personal and medical information, and my identification documentation, 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 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

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

Yes  No

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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Email:

Relationship to child:

Address (if different):

Eircode (if different): 

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

Signature of Parent / Guardian:

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

## 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. The name of the Parent / Guardian must match the name on the bank account.

Name:	F I R S T   N A M E	L A S T   N A M E
Name on account:	F I R S T   N A M E	L A S T   N A M E
Bank:	Branch:	
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**