

**PART 1 (A) PATIENT INFORMATION**

Each Grant Application will be considered individually by Trustees of Cura. All information given on the application form will be treated in strictest confidence.

Title and first name	Surname
Address	Date of birth
	Occupation
	Telephone nos.
Postcode	Email

I confirm that the information contained in this application form is to the best of my knowledge true.

Signature ..... Date .....

**PART 1 (B) PATIENT'S REPRESENTATIVE DETAILS (if applicable)**

This form may be signed on behalf of the patient if you have Power of Attorney, parental responsibility or you are the patient's legal guardian, or if you are a Health Care Professional acting on behalf of an applicant.

Title and first name	Surname
Address	Date of birth
	Occupation
	Telephone nos.
Postcode	Email

I confirm that the information contained in this application form is to the best of my knowledge true.

Signature ..... Date .....

The Trustees of Cura would like to send you occasional updates. We will **NEVER** sell or swap your details with third parties. Please indicate your preference by ticking the appropriate box below.

<input type="checkbox"/>	I do wish to receive occasional updates on the work of Cura
<input type="checkbox"/>	I do not wish to receive occasional updates on the work of Cura

## PART 2 FINANCIAL AND HOUSEHOLD INFORMATION

We may ask for documentation to support the amounts given below and we may also need to request additional financial information, should we require it.

Income	£ per month
Current take home wages (after tax and NI contributions)	
State Retirement Pension	
Pension Credit	
Other pensions, e.g. occupational	
Statutory Sick Pay	
Child Benefit	
Employment Support Allowance (ESA)	
Universal Credit	
Income Support	
Tax Credits	
Other income (please specify below)	

The following benefits are NOT included in our financial calculations, but must be included below

Benefit	£ per month
Attendance Allowance	
Disability Living Allowance (DLA)	
Personal Independence Allowance (PIP)	
Housing Benefit	

### Details of other contributors to household monthly income

Name	Relationship to patient	£ per month

## PART 3 SUPPORTING INFORMATION FOR GRANT APPLICATION

Please state the purpose of the grant and give additional relevant information to support the application. This should include items or services you are applying for and the approximate cost.

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**PART 4 MEDICAL INFORMATION TO SUPPORT GRANT APPLICATION**

Cura awards grants in accordance with our medical criteria which is why we need some medical information. This can be completed by clinical nurse specialist, hospital doctor, GP, health care professional or the patient (with supporting evidence).

<b>Patient's first name</b>	<b>Surname</b>	<b>Date of birth</b>

What was the date of breast cancer diagnosis?	Month	Year
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Is breast cancer treatment still being received?	Yes / No
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Please advise on treatment centre
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<b>Details of medical signatory (if applicable)</b>	
Full name	
Professional capacity	
Address	

**Signature** ..... **Date** .....

Please return the completed application form, including requested financial evidence, by post to:

**Chair of Cura, c/o BMI Bishops Wood Hospital, Rickmansworth Road, Northwood, HA6 2JW.**

If you prefer to send it electronically, please scan the Application Form and email it to:

[cura.info@cura-uk.com](mailto:cura.info@cura-uk.com)