



Supporting Breast Cancer Patients

PRIVATE AND CONFIDENTIAL
PART 1 (A) PATIENT INFORMATION

UNIQUE REFERENCE NUMBER: / /
(for Cura office use only)

A grant in the region of £300 per applicant per year will be considered individually by Trustees of Cura. All information given on the application form will be treated in strictest confidence.

Title and 1 st Name	2 nd Name
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.

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 in order to process this information.

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 REQUEST

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.

PART 4 MEDICAL INFORMATION

We award grants in accordance with our agreed 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).

Patient's first name	Surname	Date of birth

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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

Details of medical signatory (if applicable)	
Full name	
Professional capacity	
Address	

Signature Date

Please return application form, including requested financial evidence, by e-mail to cura.info@cura-uk.com

or

post to Chair of Trustees, Cura, c/o Unit 8, Clifton Bury Farm, Church Street, Clifton, Beds SG17 5EZ

Privacy notice:

As part of new General Data Protection Regulation (GDPR) legislation, please see below information on how Cura will handle and secure your personal data which makes up part of your grant application. Cura is registered with the Information Commissioners Office.

Information will be stored securely and when shared with trustee colleagues each application will be given a unique reference number which is referred to rather than name and address. Your details will be stored securely for no longer than two years and this is for financial purposes only.

We have put in place all reasonable technical, security and procedural controls required to protect your personal information in whatever format we hold that information in. An overview of the GDPR legislation is available from www.ICO.org.uk