**Application for Edward W Joseph CF Home Care Grant**

EWJ Home Care grants focus on allowing people with CF to be at home safely, comfortably and receiving appropriate care with or from their families or loved ones. You can apply for a one-off emergency grant of £500 if you or your family are experiencing a period of significant stress or particularly poor health of the person with CF. **Your application must be endorsed by your cystic fibrosis team, and must meet the criteria below.** For more information on what these grants can be used to fund, please see our website.

The Cystic Fibrosis Trust tries to ensure applications for grants are dealt with promptly and sensitively. We ask for detailed information in order to speed up your request. If you have any queries or difficulty completing this form, please do not hesitate to contact us:

Cystic Fibrosis Trust Helpline: **0300 373 1000** or [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk)

**Grant criteria**

1. The family is experiencing a period of significant, additional stress (this could be due to family breakup, illness of other members of the family, loss of income, bereavement etc)

**OR**

1. The person with CF is experiencing a period of particularly poor health, is listed for transplant, or is receiving palliative care

**AND**

1. The need cannot be met through other statutory agencies or the NHS within an appropriate time frame  
   **AND**
2. The application is endorsed by the specialist CF team

***Note: successful applications must fill criteria A or B as well as both criteria C and D.***

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| --- | --- |
| **Applicant name** |  |
| **Applicant address** |  |
| **Email address** |  |
| **Contact phone number** |  |
| **Applicant date of birth** |  |

|  |  |
| --- | --- |
| **Your name (if you are not the person with cystic fibrosis but are completing the form on their behalf)** |  |
| **Your relationship to the person with cystic fibrosis** |  |

|  |  |
| --- | --- |
| **Please say what the grant will be used for:** | |
|  | |
| **What is the amount you are applying for? (maximum of £500)** |  |

***Please note that EWJ Home Care grants are awarded on a one-off basis. If your application is successful, you will not be able to apply for another EWJ Home Care grant in the future. If you have received one of these grants previously, we will contact you to let you know that we cannot process your application. The Cystic Fibrosis Trust provides a range of other welfare grants which you may be able to apply for – please contact our helpline for more information.***

We would like to share the story of your grant to help us promote our grant programmes and raise awareness of how our support helps people living with cystic fibrosis. We will change names when we tell these stories. Please let us know if you’re happy for us to share your story:

I’m happy for the Cystic Fibrosis Trust to use my story as a case study, with my name changed

**Section three – payment we pay all grants by BACS bank transfer as this is the quickest way to get the funds to you. Please provide the bank details of your chosen account below. If you do not have a bank account or would need a payment by cheque please contact our helpline.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your name (as it appears on your bank statement)** |  | | | | | | | | | | | |
| **Bank/Building Society** |  | | | | | | | | | | | |
| **Account number** |  |  | |  | |  |  |  | |  | |  |
| **Sort code** |  | |  | |  | |  | |  | |  | |

Please help us to monitor the reach and impact of the Cystic Fibrosis Trust’s Welfare Grants programme by answering the questions in this final section. **The information in this section is not used to make decisions and will not affect the outcome of your application**.

**This information is about the person with cystic fibrosis who will benefit from the grant.**

**Gender** Man 🗆 Woman 🗆 Intersex 🗆 Non-binary 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here …………………….

**How many adults in your household: ………..** **How many children in your household: ………..**

**Age** Under 18🗆18-24🗆 25-34 🗆 35-44 🗆 45-54🗆 55+ 🗆 Prefer not to say 🗆

**Ethnicity** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆  
British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆   
Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Sexual orientation** Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆Prefer not to say 🗆 If you prefer to use your own term, please write in:

**How did you hear about the Cystic Fibrosis Trust’s grants?** Cystic Fibrosis Trust website 🗆   
Social media 🗆 Hospital/cystic fibrosis team 🗆 Other, please write in:

**Do you have more than £6000 in savings?** Yes 🗆 No 🗆 Prefer not to say 🗆  
**What is your household income, per year (including benefits and earnings)?**less than £6,000 🗆 £6,000-£14,999 🗆 £15,000-£27,999 🗆 £28,000-£29,999 🗆   
£30,000-£44,999 🗆 £45,000-£59,999 🗆 More than £60,000 🗆 Prefer not to say 🗆

**Supporting statement (from your clinician, CF centre social worker etc). This section should completed by the endorser and either signed and posted to us, or emailed to us from the endorser’s email account. Please note that we may contact the endorser to request further information related to this application.**

|  |  |  |
| --- | --- | --- |
| **Please tick if they will be emailing their supporting statement** | |  |
| **I confirm that this grant will be used to benefit a person living with cystic fibrosis and that the information given is correct.** | | |
| **Name** |  | |
| **Job title** |  | |
| **Signature** |  | |
| **Place of work** |  | |
| **Contact number/email** |  | |
| **How do you know the applicant?** |  | |
| **Please describe how the person with cystic fibrosis will benefit from this grant.** | | |
|  | | |

**Please print and post to: or email to:** helpline@cysticfibrosis.org.uk

Support Service

Cystic Fibrosis Trust

One Aldgate

London

EC3N 1RE

**Please call 0300 373 1000 if you have any questions or need any help to complete this form.**

*In completing this form as an applicant or endorser, you consent that the Cystic Fibrosis Trust will store and process the information provided above solely for the purposes of assessing and processing this grant application and future grant applications made by/for the applicant. We will treat any information provided in your application in strict confidence, and will not share it with anyone without your specific consent.  
For more information, please see cysticfibrosis.org.uk/privacy-policy for details of our privacy policy.*