**Application for Cystic Fibrosis Trust Emergency Grant**

**Cystic Fibrosis Trust provides grants of £150 to support people with cystic fibrosis (CF) of any age when they are in immediate financial need. Our support is focused on households on low incomes.**

1. **Please read our grant guidelines, which are available on our website or from the helpline, before filling in this form.**
2. **Please fill in sections 1, 2, 3 and 5.**
3. **Please ask a member of your CF Team to complete the supporting statement in Section 4 or to email their statement directly to** [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk)**. Your CF Team can also fill out Sections 1, 2, 3 and 5 for you.**
4. **Once you have completed all sections of the form, you or your CF Team should email it to** [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk)
5. **We will be in touch within 10 working days to update you.**

We no longer accept applications by post but our Helpline team can help with filling in forms over the phone. Please call 0300 373 1000 (Mon-Fri 10am-4pm) or email [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk) if you have any questions or need any help to complete this form.

We will contact applicants and endorsers to gather more information, for feedback and to offer other support.

In completing this form as an applicant or endorser, you consent that the Cystic Fibrosis Trust will store and process the information provided solely for the purposes of assessing and processing this grant application and future grant application 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 our privacy policy on our website.

**Section 1**

**Applicant’s details**

**The applicant is the adult or child with cystic fibrosis**

We will contact you about anything to do with your application, so please make sure this information is correct.

|  |  |
| --- | --- |
| **Applicant’s name** |  |
| **Applicant’s address** |  |
| **Applicant’s date of birth** |  |
| **Contact name** (parent/carer if applying for a grant for someone with CF who is under 18) |  |
| **Contact email address** |  |
| **Contact phone number** |  |

**Section 2 - Eligibility**

Please confirm that **all** of these criteria are met by putting ‘yes’ or a tick in each box:

The applicant has a diagnosis of cystic fibrosis and

The applicant lives in the UK and is under the care of a UK specialist cystic fibrosis team and

The applicant’s household has less than £6,000 in savings or another bank account.

Please confirm that **at least one** of the following criteria are met.

The applicant (or their household if a child):

receive a means-tested benefit. Means-tested benefits include: Income Support; Pension Credit; Housing Benefit; Council Tax support; Income-related Employment and Support Allowance; Income-related Job Seeker's Allowance; and Universal Credit.

**OR**

something that has caused financial difficulty like a loss of income or unexpected hospital admission.

Please tell us what has happened:

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| --- | --- |
| **Why do you need financial help?** (We cannot help with ongoing costs – the need must be an emergency which has happened unexpectedly) | |
| I/the applicant has recently had a loss in benefits income that is currently being appealed or is short term |  |
| I/the applicant has had an unplanned/unexpected hospital admission |  |
| I/the applicant has recently had a temporary loss in earnings |  |
| Another reason - please explain further in the box provided below. |  |
|  | |

|  |  |
| --- | --- |
| **Please tell us what you will use the money for and how this will benefit the applicant’s CF health:**  ***(Please note that emergency grants can’t be used to fund white goods like fridges and washing machines – please see our Home Essentials Fund grants for this instead)*** | |
|  | |
| **Emergency grants are up to £150. To help us to help as many people as possible, please only apply for what you need. How much are you applying for?** | **(maximum £150)** |

We might share the story of your grant to help us promote our grant and raise awareness of how our support helps people living with cystic fibrosis. To protect your privacy, we always change names and any identifying details when we share these stories. If you prefer that we do NOT share your story, please tick here or write this anywhere on the form:

* Would you like a free benefits check to help confirm you are receiving everything that is available to you?
* Would you like free income maximisation or budgeting help which is provided by our Welfare Team?

**Please remember that if you send us an application that does not mean that you will definitely be given the grant.**

If your application is successful and you have applied for a grant for a specific item we will contact you (or parent/carer if a child) after you receive the grant to request a copy of a receipt/proof of purchase If we ask for this and you do not provide a receipt you may not be able to apply for future grants from us.

**Section 3 – Payment Details**

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 please contact our helpline.

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

Next steps:

•If you are completing this form for yourself or someone you care for, please ask your CF team to fill in Section 4.

•If you are a CF professional completing this form on behalf of someone with CF, please fill in Section 4.

•Please complete the monitoring form in Section 5.

**Once you have completed all sections of the form, you or your CF Team should email it to** [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk)

**Section 4 – Supporting statement from the endorser**

**The endorser is a member of your CF Team such as clinician or CF centre social worker**

This section should completed by the endorser and emailed to us from their professional email account. Please note that we may contact the endorser to request further information related to this application or to confirm they provided the statement.

|  |  |
| --- | --- |
| **I confirm that this grant will be used to benefit a person living with cystic fibrosis who is in urgent need of support with basic essentials and that the information given is correct.** | |
| **Name** |  |
| **Job title** |  |
| **Place of work** |  |
| **Contact number/email** |  |
| **Please describe how the person with cystic fibrosis will benefit from this grant and the risk to the applicant’s health if they don’t receive the grant.** | |
|  | |

Supporting statements can also be emailed separately to us at helpline@cysticfibrosis.org.uk. They must be emailed from the endorser’s professional email account.

**Once you have completed all sections of the form, you or your CF Team should email it to** [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk)

We will contact applicants and endorsers to gather more information, for feedback and to offer other support.

**Section 5 – Monitoring form**

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.**  
**Please tick, highlight, circle or underline your answers.**

**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.

***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 (you do not need to complete this section if the applicant is a child)**  
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:

**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 \*