**Application for a one off Prescription Pre-payment Certificate (PPC) Grant**

**The Cystic Fibrosis Trust provides a one off grant of £111.60 to pay for an annual prescription pre-payment certificate for people with cystic fibrosis.**

We try to ensure applications for grants are dealt with promptly and sensitively. Please provide as much information as possible and if you have any queries or difficulty completing this form, please do not hesitate to contact:

Cystic Fibrosis Trust Helpline: 0300 373 1000 or helpline@cysticfibrosis.org.uk

**Section one – Applicant’s details (the applicant is the person with cystic fibrosis)**

|  |  |
| --- | --- |
| **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** |  |

**I confirm I have used the government’s online eligibility checker and I am not entitled to free prescriptions (**<https://www.nhsbsa.nhs.uk/penalty-charges-dont-get-caught-out/check-you-tick>)

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 please contact our helpline**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 🗆

**Section four – Supporting statement (from your clinician, CF centre social worker etc.) This section should either be completed and signed by the endorser or completed and emailed to us from the endorsers email account.**

|  |  |  |
| --- | --- | --- |
| **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, and that they are required to pay for their prescriptions.** | | |
| **Name** |  | |
| **Job title** |  | |
| **Signature\*** |  | |
| **Place of work** |  | |
| **Contact number/email** |  | |
| **How do you know the applicant?** |  | |

\*Applications must either be signed and posted to us, or preferably emailed to us from the endorser’s professional email account

*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.*

**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.**