

Emergency grant Application form

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 with low incomes.

How to apply

1. Please read our **grant guidelines**, which are available on our website or from our helpline, before filling in this form.
2. Please fill in sections 1, 2, 3 and 5.
3. Please ask someone in your CF Team to do the supporting statement in Section 4 or to email their statement to **helpline@cysticfibrosis.org.uk**. Your CF Team can also fill out Sections 1, 2, 3 and 5 for you.
4. Once you have filled in all sections of the form, you or your CF Team should email it to **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, and our forms are available in Word and PDF formats. Please call 0300 373 1000 (Mon–Fri 10am–4pm) or email **helpline@cysticfibrosis.org.uk** if you have any questions or need any help to complete this form.

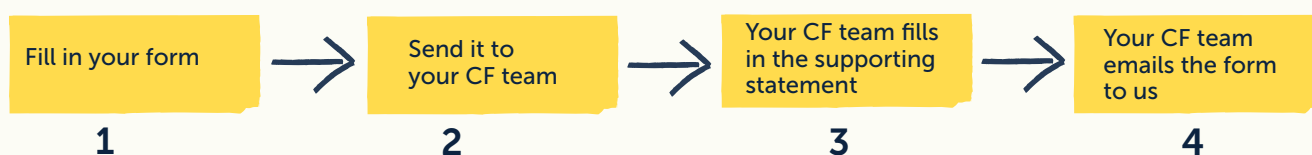
We will contact applicants and endorsers to gather more information, for feedback and to offer other support.

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, providing relevant support, 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.

Application steps



Section 1: Applicant's details

Here we need some details from you. The applicant is the adult or child with cystic fibrosis.

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

Applicant's name (The applicant is the adult or child with cystic fibrosis)	
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

Here we need to check that you are eligible to apply for the grant.

Please confirm that **all** of these criteria are met by ticking 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 / centre and

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

Please tick the box to confirm that **at least one** of the following criteria are met:

The applicant (or their household if a child):

receives a means-tested benefit. Means-tested benefits include: Universal Credit; Pension Credit; Housing Benefit; Council Tax Support

OR

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

Please tell us what has happened

Why do you need financial help? – please tick below (We cannot help with ongoing costs – the need must be an emergency which has happened unexpectedly)

<input type="checkbox"/>	I/the applicant has recently had a loss in benefits income that is currently being appealed or is short term
<input type="checkbox"/>	I/the applicant has had an unplanned/unexpected hospital admission
<input type="checkbox"/>	I/the applicant has recently had a temporary loss in earnings
<input type="checkbox"/>	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:

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?

£

We might 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. Stories like yours are really important to us as they show people how we can help. 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

Further support

Would you like a free benefits check to help confirm you are receiving everything that is available to you?

Yes No

Would you like free **income maximisation** or budgeting help which is provided by our Welfare Team?

Yes No

If you're a CF team member and have ticked either box above, please let the applicant or listed contact know that once the grant is processed, our welfare team will get in touch to book their appointment.

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

Here we need your payment information

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								

If this grant is for an adult with CF and will be paid to someone else, please tick here to confirm you agree to this. If you are a CF team member completing this form, please tick here to confirm the applicant knows about the grant and agrees to it being paid to this person.

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.

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 be 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. 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. You may want to send this form with password protection or encryption. Please see your local hospital or Trust's policy and procedures for the best way to do this. We can't access NHS internal systems but we are able to access emails encrypted via Egress.

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

Please tell us the risk to the applicant's health if they don't receive the grant

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

Gender

- Male
- Female
- 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+

Ethnicity

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background

Black, Black British, Caribbean or African

- Caribbean
- African

Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian

Any other Mixed or multiple ethnic background

White

- English
- Welsh
- Scottish
- Northern Irish
- British
- Irish
- Gypsy or Irish Traveller
- Roma

Any other White background

Sexual Orientation

You do not need to complete this section if the applicant is a child

- Heterosexual
- Gay or Lesbian
- Bisexual
- Prefer not to say

I identify as:

How did you hear about Cystic Fibrosis Trust's grants?

- Cystic Fibrosis Trust website
- Hospital or CF specialist team
- Social media

Other:

What is your household income per year?

This includes 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

cysticfibrosis.org.uk

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