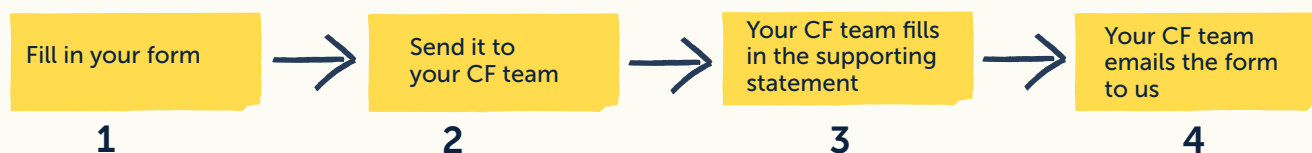


## Prescription Pre-payment Certificate (PPC) Grant Application form

Cystic Fibrosis Trust provides a one-off grant of £114.50 to pay for an annual prescription pre-payment certificate for people with cystic fibrosis.

If you have **checked your eligibility** and read the information on **this page about prescription charges** and you have to pay for your prescriptions, we can provide a one-off grant of £114.50 to cover the cost of an annual prepayment certificate.

### 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	
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: 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 to confirm you agree to this. If you are a CF team member completing this form, please tick to confirm the applicant knows about the grant and agrees to it being paid to this person.**

I confirm I have used the government's **online eligibility checker** and I am not entitled to free prescriptions (please tick)

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 make sure 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.

## Section 3: 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

## 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](mailto: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 and that the information given is correct, and that they are required to pay for their prescriptions.

Name	
Job title	
Place of work	
Contact number/email	

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)

**cysticfibrosis.org.uk**

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