

Transplant grant Application form

Cystic Fibrosis Trust provides grants of **£250** to support people with cystic fibrosis when they are attending an assessment for transplant or having a transplant. You can apply for one grant for costs associated with an assessment for transplant, and another grant for help with costs related to having a transplant. Both grants are **£250** each.

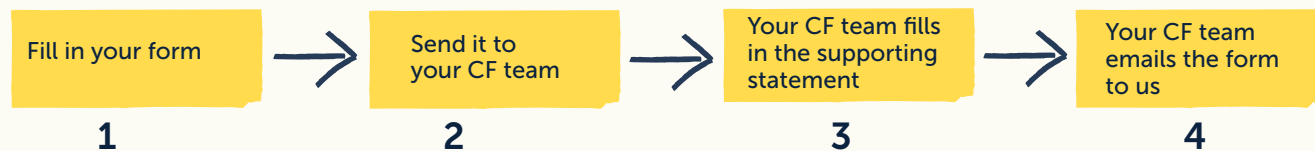
Transplant grants are processed weekly. If the application is successful, payment will be made to the bank account provided within 10 days of receiving a complete application.

The supporting statement needs to be completed by a member of the applicant's CF team (the endorser) and either signed by them or emailed to us from their professional email account.

Applications can be made up to six months after assessment or transplant.

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), email helpline@cysticfibrosis.org.uk or send a WhatsApp message to **07361 582053** if you have any questions or need any help to complete this form.

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: What the transplant grant is for

Here you need to tell us whether this grant is for costs due to a transplant or an assessment for transplant.

This grant is for costs associated with (please tick one):

An assessment

A transplant

Date of assessment or transplant

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	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Sort code	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>								

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 here to confirm the applicant knows about the grant and agrees to it being paid to this person.

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 our privacy policy.

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 4: 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

Do you have more than £6,000 in savings?

- Yes No Prefer not to say

Section 5: 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.

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 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	
How do you know the applicant?	

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

cysticfibrosis.org.uk

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