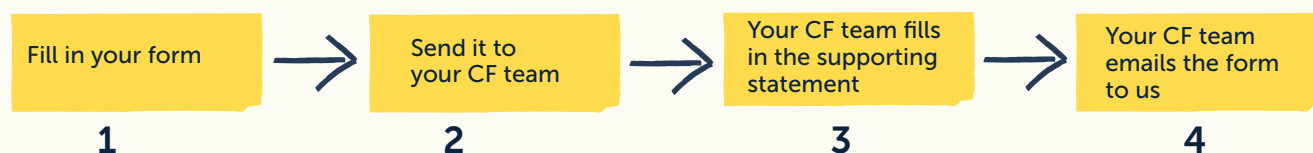


Winter Support Fund 2026–27 Application form

Cystic Fibrosis Trust Winter Support Fund 2026–27 can provide a grant of **£225** to protect the health of those in most need this winter. This will be split over 3 months, with a payment of **£75 each month**. Our support is focused on households on low incomes, and we can only accept one application per household.

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. If you need help filling in the form, contact our **Helpline**. We cannot accept applications by post. We're open Monday–Friday, 10am–4pm.
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**. Your CF Team can also fill out Sections 1, 2, 3 and 5 for you.
4. Once the form is completed your CF Team should email it to **helpline@cysticfibrosis.org.uk**
5. At the start of December, once the fund has closed to new applications, we'll let you know if your application has been accepted. **Please do not contact us to request an update.**
6. We'll keep in touch to offer other support and information to help you through the winter months.

Application steps



Important information

You must apply by 30 November 2026. We may need to close before this date if we get a lot of applications, so please ask your CF team to send your application to us as soon as possible.

If your application is approved, you will receive £75 in December, January and February. If you are in a financial emergency and need a grant urgently, please speak to our helpline team before applying.

Please provide an email address on the application. We will use this to update you on your application and offer you extra support. If you don't have an email address, please contact our helpline before applying.

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 (Please provide an email address. This is how we will update you on your application)	
Contact phone number	

Section 2: Eligibility

We aim to help those most in need, which means we target our fund at low-income households, and those who are most vulnerable. A few examples of when we might be able to help are:

- If you are having to choose between heating and eating
- If you are going without heating or living with cold and damp because of high energy costs
- If you are unable to buy the food you need
- If you are missing hospital appointments due to the costs
- If you are unwell or at risk of becoming unwell because you can’t afford enough food or heating over winter

These are just some examples, your situation may be different. Please tell us about this in the application form.

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: 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 below what has caused financial difficulty:

What will you use the grant money for? How will the grant help protect the applicant's health this winter? Please give us as much information as possible.

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 in this way, please tick here ☐

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.

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

Next steps:

- Check you have filled in all sections of the form, **including your email address** as we will need this to update you on your application. Please check you have provided the correct bank details.
- 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.

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 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](#).

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. 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 whose health is at risk because of the cost of basic essentials this winter and that the information given is correct.

Name	
Job title	
Place of work	
Contact number/email	

Please describe how this grant will protect the health of the person with cystic fibrosis this winter

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.

Once you have completed all sections of the form, you or your CF Team should email it to helpline@cysticfibrosis.org.uk

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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