

TYA grant application form (age 17-24)

- This form must be completed by a **Healthcare or Social Care professional**. Patients and relatives **cannot** complete this form.
- Has consent been obtained from the patient/relative for the application to be made and the sharing of their data with YBTC. **Yes:**
- Please refer to the guidance notes within the application form information regarding completion of the form.
- The personal information and medical details on this form will only be used by YBTC for the use of processing this application. We will not disclose this information to other organisation.

Submitting Completed Forms

Post completed forms to:

YBTC
31 Otley Road
Headingley
Leeds
LS6 3AA

Or email them to: info@yorksbtc.org.uk

patient details

Title: First Name: Surname: DOB:
Address: Postcode: Male: Female:
Email Address: Telephone No:
Current/Previous Occupation:

parent/carer details (if applicable)

Title: First Name: Surname: DOB:
Email Address: Telephone No:
Current/Previous Occupation: Relationship to patient:
Address (If different to above): Postcode:

Declaration: I confirm that the information provided is correct to the best of my knowledge and if successful I will ensure that funds granted will be used for the purpose for which they were awarded.

applicant details (health or social care professional)

Title: First Name: Surname:
Email Address: Telephone No:
Job Title:
Work Address: Postcode:
Signature: Date:

Declaration: I believe to the best of my knowledge that the information on this application is correct.

Note: We cannot process an application if this section is not completed.

www.yorksbtc.org.uk | Tel: 0113 340 0111 | info@yorksbtc.org.uk

YBTC, 31 Otley Road, Headingley, Leeds, LS6 3AA

Registered Charity No: 1095931



medical details

1. Does the above named person have a primary brain tumour? YES NO
2. Diagnosis:
3. Date of diagnosis:
4. Is the patient aware of the diagnosis? YES NO
5. Current or previous treatment, (Surgery, Radiotherapy, Chemotherapy):

6. Hospital Consultant:
7. Hospital where the patient has received/ is receiving their treatment:
8. GP. Including the address and contact telephone number.
Name:
Address:
Telephone No:

patient's social report

N.B. Must be completed by a health or social care professional.

Please specify what you would like the grant to fund. You must also include a summary of why you have applied for the grant, any relevant information to support the application and how the fund will help to improve the patients situation and /or psychological wellbeing.

Amount requested:

frequently asked questions

who is eligible for a YBTC patient grant?

Patients who have been diagnosed with a primary brain tumour and will be receiving/has received treatment through an NHS hospital in Yorkshire and whose permanent residential address is in this region.

Exceptional circumstances will be reviewed on an individual basis.

Grants are available for Adult Patients, TYA and Paediatric Patients and can be applied for under one of the following categories:

1. Grants are considered for patients who are struggling financially as a result of their illness or a parent who is struggling financially as a result of their child's illness.
2. Grants are considered for patients who may need support with a social grant which may help with psychological and social wellbeing and reduce social isolation.
3. Grants are considered for patients who have a special wish at a specific point in their illness.

how much can we give?

As we are only a small charity we are unable to donate large sums of money. Each grant is decided according to the particular circumstances of an individual case. The highest amount that can be awarded is £500.

YBTC are unable to provide on-going financial support. We cannot consider a repeated request for a grant within 12 months of the original request. However, if further needs arise outside the 12 month period, YBTC will consider an application based on the individual circumstances.

how does the grant application process work?

Once the office has received the grant application it will be processed **within 10 working days**. A letter will be sent to both the patient and the applicant with the outcome of the application. If the grant has been approved the funds will be transferred directly to the patients bank account. YBTC will contact the patient to arrange this transfer.

please Note

YBTC cannot support grant requests for medical treatment or drugs.

YBTC cannot support grant requests to cover travel expenses for treatment abroad.

guidance notes - completing the form

section 1 - patient details

Consent for the use of personal data and for the application of the grant must be obtained from the patient. If a patient is unable to give consent, ie they are a minor, then a parent or someone with power of attorney for the patient should give consent.

section 2 - applicant details

YBTC does not accept referrals for grants directly from patients or relatives. Applications must be completed and signed by a healthcare or social care professional such as a Clinical nurse specialist, Social worker, a therapist, hospital doctor, a community nurse or a GP.

section 3 - medical report

The medical report enables YBTC to award grants as per medical criteria. The medical information will only be used by the grant application panel.

section 4 - social report

The social report should relate to the diagnosis and the impact that this has had on an individual's financial, social and personal circumstances. This should include how the award will benefit the patient's environment, family situation and/or their psychological wellbeing.