

Benevolent Fund Application Form

Lasting Memories supports individuals and their loved ones living in Hertfordshire, Bedfordshire and Cambridgeshire. A cancer diagnosis can be devastating creating feelings of extreme anxiety, stress and disorder. For patients it can have negative effects on their physical and emotional well-being leading to a complex set of challenges that include dealing with symptoms, coming to terms with a diagnosis and dealing with an unpredictable future. This can leave people feeling disconnected and withdrawn from family, friends, work and often life in general.

In addition, we know a diagnosis can leave families in financial hardship sometimes leading to loss of earnings, reduced household income, or reliance on additional support. Our Benevolent Fund provides financial assistance for those experiencing hardship by covering costs of transport to appointments, mobility aids and equipment as well as essential household items or repairs. We know that sometimes a little bit of financial help can go a very long way.

How to apply

We have tried to make our application process as simple as possible. There are two ways to apply, either via our online application form that can be found on our website at www.lmcancertrust.co.uk or by completing this hard copy form and posting it the address below or by email to fund@lmcancertrust.co.uk

Postal Address: -

Lasting Memories Cancer Trust
Benevolent Fund Application
29 Meadowsweet
Eaton Ford, St Neots
PE19 7GR

Please complete all sections of the application form so we can process it as quickly as possible. Failure to complete the form in full may result in us being unable to process it.

Eligibility Criteria

To be eligible for support from our Benevolent Fund you must meet the following criteria:

- You a resident in Hertfordshire, Bedfordshire or Cambridgeshire.
- Applicant must be aged over 18 years, however the beneficiary may be a minor.
- You are either undergoing treatment for cancer (any stage or type) or have completed a course of treatment within 18 months of the date we receive your completed application.
- If you are applying following the loss of a loved one we will require proof of the deceased and your relationship to them.
- You are able to provide a letter (dated within the last three months or 18 months if treatment has finished) from your healthcare professional verifying your diagnosis. This can be from a nurse, GP, registrar or consultant who you see regularly for your care.
- You are able to provide a recent bank statement, utility bill and photo ID.
- You have not previously benefited from our funding in the last 24 months.
- You are willing to abide by our terms and conditions.
- You require items, services or financial assistance that will improve your wellbeing and/or quality of life specifically relating to your condition.

Items or service included/excluded

The aim of our benevolent fund is to make sure people facing cancer can reduce the burden on them financially. There are many costs associated with cancer, from travelling to various appointments, adjusting at home, purchasing new items to create a more comfortable environment, medical and assisted living equipment to services that enable loved ones to provide care, for example childcare, cleaners, gardeners etc.

Inclusion criteria

We will endeavour to help applicants who fit our inclusion and exclusion criteria as outlined below: -

1. Transportation costs to medical appointments
2. Mobility and medical equipment
3. Household goods e.g. furniture, white goods, kitchen equipment
4. Minor household repairs (up to £750)
5. Household services e.g. cleaner, childcare, gardener
6. Utility bills

We are not currently considering requests for;

1. Rent Arrears
2. Debts
3. Funeral Expenses
4. Major House Repairs (over £750)
5. Garden Improvements
6. Legal Fees
7. Asylum or naturalisation administration

Under very exceptional circumstances we may consider requests for;

1. Bankruptcy and debt relief orders
2. Private Medical Treatment
3. Respite Holidays
4. Floor Coverings

Application Form

Part 1 – Beneficiaries Details

Title:	First name:	Surname:
Address:		
Postcode:	Email:	
Phone:	D.O.B:	Gender:

Part 2 – Applicant Details

*Please complete this section if you are applying on behalf of a beneficiary

Title:	First name:	Surname:
Address:		
Postcode:	Email:	
Phone:	D.O.B:	Gender:
Relationship to beneficiary:		

Part 3 – What do you need, timescale, and how this will benefit you?

Please give in detail your personal circumstances that have led you to apply to the fund and how this will make a difference to your life. Please note that trustees of Lasting Memories Cancer Trust are not wishing to be intrusive, however we do need to have relevant information to allow us to make informed decisions for every unique application.

Your application will be kept confidential in line with our privacy policy. Please note that we will not be able to fund every application we receive, and we may have to defer or reject your application based on the volume of requests and the circumstances associated with these.

Benevolent Fund summary

What size grant (in £) do you require?

Part 4 – Your Circumstances

Q1. Please tick what option applies to you:

- Employed
- Unemployed
- Retired
- Self-employed
- Long term sick leave
- Part-time education
- Full-time education

Q2. Please tick if you are in receipt of any of the below:

- Universal Credit
- Statutory Sick Pay
- Incapacity Benefit
- Personal Independence Payment
- Employment & Support Allowance
- Family/Carer's Allowance
- Attendance Allowance
- Pension Benefit
- Personal Budgets/Direct Payments
- Child Benefit
- Guardian Allowance
- Bereavement Support Payment
- War Pension Scheme
- Job Seekers Allowance

Q3. Are you in arrears for your rent, mortgage, credit cards, loans, car payments etc. or any other borrowing?

- Yes
 No

If yes, please give details:

Item	Amount in arrears

Q4. Do you have any savings or investments?

- Yes
 No

If yes, please give details:

Item	Amount in arrears

Part 5 - Financial Information - Income and expenditure

Monthly income

Q.1 Please provide a breakdown of your monthly household income:

No.	Item	Applicant	Spouse/partner	Combined total
1.	Income (net)	£	£	£
2.	Expenditure	£	£	£

Q2. Is there anything else that would help support your application?

Part 6 – Medical Professional Details

As part of our eligibility criteria we require the details of your medical professional and a letter from them confirming your condition and care. This can be any correspondence you have already received from them dated within the last three months (or 18 months if treatment has finished)

Title:	First name:	Surname:
Job title:		
Medical institution:	Work email:	
Work Address:		
Postcode:	Work phone:	

Part 7 – Data Privacy Statement

Why we need your information

The data on this application is being gathered for the purpose of assessing the eligibility and suitability of the application only. The data will enable Lasting Memories Cancer Trust to process the application in accordance with our Grant Giving Policy.

As a registered charity, Lasting Memories Cancer Trust has a responsibility to ensure that our service provision is fair, equitable and provides public benefit in accordance with our charitable objects.

What we will do with your information

The information you provide in this application will only be used for the sole purpose of reviewing your application and will be held by the Trust for this purpose only.

Data deletion

After assessing your application, we will safely destroy your data that is no longer needed. This data includes:

- Your financial data
- Proof of your identity
- Medical information

We require this information for our due diligence and to safeguarding the trust against misuse of charitable funds.

Data retention

We will retain some of your data for a period of 5 years on our applications register. This data includes:

- Name
- Address
- Contact details
- Date of application
- Amount applied for
- Decision granted by the trust
- Cancer type

This data will be stored electronically on a password protected document and only accessible by trustees/volunteers that are involved with our application assessment process.

We are required by the Charity Commission to retain data of this nature to demonstrate our impact and how our funds have provided public benefit.

Data sharing

We may have to share data with third parties if we are legally obliged to do so, for example if it is necessary to safeguard or protect a vulnerable adult or child at risk.

We may also share information with the police or other agencies if it is necessary for the following purposes:

- a) the prevention or detection of crime including fraud
- b) the apprehension or prosecution of offenders
- c) the assessment or collection of any tax or duty or any imposition of a similar nature

What are your rights?

Lasting Memories Cancer Trust will be the Data Controller for this information. You have a number of rights over the data we collect and hold about you.

You have the right to be informed about what information we hold about you and how we use it.

You have the right to request copies of any information the Trust holds about you by making a subject access request.

If information we hold about you is factually inaccurate you have the right to have it corrected.

You have the right to object to the way we are using your data.

You have the right to request that your data is deleted. However, we may be unable to delete your data if there is a need for us to keep it. In this case you will receive an explanation of why we need to keep the data.

You can also request that we stop using your data while we consider a request to have it corrected or deleted. There may be some circumstances in which we are unable to do this, however we will provide an explanation if this is the case.

In certain circumstances you may also request data we hold about you in a format that allows it to be transferred to another organisation.

In the event that decisions are taken using automated processes you have the right to request that these decisions are reviewed by a member of staff and to challenge these decisions.

If you would like to request copies of your data, request that your data is deleted or have any other queries in relation to data which the Trust holds about you please contact: -

Data Protection
Lasting Memories Cancer Trust
Benevolent Fund Application
29 Meadowsweet
Eaton Ford, St Neots
PE19 7GR

Email: privacy@lmcancertrust.co.uk

If you are unhappy with the way that Lasting Memories Cancer Trust has used your data or with the way we have responded to a request you also have the right to contact the Information Commissioner's Office www.ico.org.uk.

Part 8 – Terms and Conditions

I the applicant, by applying for a benevolent fund grant confirm that I have read, understand and accept the terms and conditions herein. You may withdraw your application at any time by notifying us at fund@lmcancertrust.co.uk

1. You are applying to the Benevolent Fund as you are facing financial hardship following your own, or a dependents, cancer diagnosis.
2. You have not made a request to Lasting Memories Cancer Trust Benevolent Fund previously.
3. As part of the application process, you will be required to submit details of your financial income and expenditure including your last month's bank statement. You are also required to submit proof of identity and address ie. Driving licence or passport and utility bill.
4. We reserve the right to request additional evidence to process your application.
5. Failure to provide all the information required or submit any additional information requested may result in Lasting Memories Cancer Trust being unable to award a grant to you.
6. You may be required to provide receipts or proof of purchase following a benevolent fund grant.
7. Lasting Memories Cancer Trust will provide a grant or reimbursement and will not accept any liability for any loss, damage, injury, cost or claim arising from items purchased or services delivered using the grant.
8. You will receive a letter confirming the outcome of your grant request within 14 days and details of any terms of the grant that is being provided. You will be asked to sign and confirm that you agree to the terms of receiving your grant within 14 days of receipt of the letter.
9. You may be asked to provide feedback to Lasting Memories Cancer Trust to ensure the Charity can review its procedures and processes. We may also ask for a testimonial to be used in marketing material.
10. We may contact the medical professional to verify details of you/your dependents medical condition.
11. By submitting an application you confirm that the information is a true statement of all your financial and medical circumstances to the best of your knowledge and belief.

Part 9 – Declaration

I, the undersigned have read, understand, and accept the terms and conditions of this application form and the associated activities to be undertaken by Lasting Memories Cancer Trust in respect of my application.

Print Name:

Signature:

Date:

Part 10 – Document Checklist

As part of your application you are required to submit copies of the following documents. If you are returning the form via email remember to add the documents as an attachment. Please ensure these are included to avoid any delays in decision making:

- | | |
|-----------------------------------------------------------------|--------------------------|
| Medical correspondence | <input type="checkbox"/> |
| Recent bank statement
(within one month of application date) | <input type="checkbox"/> |
| Photo ID (Passport or Drivers License) | <input type="checkbox"/> |
| Utility bill
(address must match application address) | <input type="checkbox"/> |