

Cliona's Foundation

Application Form for Financial Support (for children from birth to 16 years of age)



Applicants Name _____

Address _____

Email Address: _____

Contact Number: (Home) _____

(Mobile) _____

Child's Name: _____ Date of Birth: _____

Relationship of applicant to child: _____

Brief details of Child's illness: _____

When was the illness first diagnosed?

Why do you need financial support?

Have you applied for funding from Cliona's Foundation in the past?

Yes No if yes, when? _____

Have you approached any other organisation for funding?

Yes No

If yes, please give brief details:

Is there any other support you could benefit from?
i.e. Support groups, counselling

Employment Status

Mother Employed Yes No

Father Employed Yes No

Medical Details

Name of Specialist / Consultant:

Name of Hospital:

Contact Number:

Signed (by individual completing application form)

Date: _____

Requirements:
Please attach *original letter of support from your Specialist/ Consultant.

In the event of receiving some financial assistance would you be willing to publicise your child's details on our literature/website as a means of raising additional funds for other needy families?

Yes No

Please forward application form to:

Cliona's Foundation
Roselawn House,
University Business Complex,
National Technology Park
Limerick
Ireland

*Original documents to be submitted