

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

ALL SECTIONS MUST BE COMPLETED

Parents/Guardians Name _____

Address _____

Email Address: _____

Contact Number (Home) _____

Required:

(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?

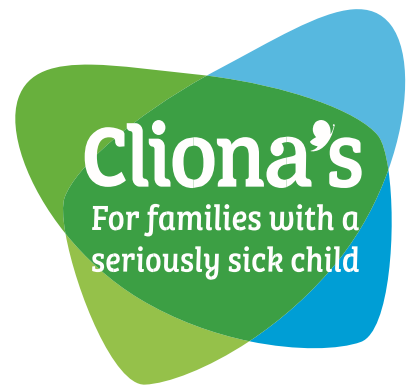
Yes No if yes, when? _____

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: _____

Original letter of support, on headed paper, currently dated and addressed to Cliona's from your Medical Social Worker, Specialist or Consultant must be attached

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
Unit 22 Groody Centre**

Castletroy

Limerick