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 Required: (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: _____

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

PARENT/GUARDIAN SIGNATURE

_____

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

Yes ☐ No ☐

Please forward application form to:

Cliona's Foundation
Unit 22 Groody Centre. Castletroy

Limerick V94 YA07