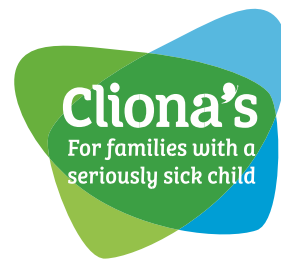


Application Form for Financial Support (for children from birth to 16 years of age)

ALL SECTIONS MUST BE COMPLETED OR FORM WILL BE

RETURNED



Parents/Guardians Names: _____

Address: _____

Eircode : _____

Email Address **(required)** _____

Contact Number (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? _____

Bank Details (to receive funding if approved)

Name on Account _____

IBAN NO. _____

NAME & ADDRESS OF BANK _____

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: _____

2 x Original letters of support, on letterheads, currently dated and addressed to Cliona's from your Specialist or Consultant AND your Medical Social Worker or Nurse Practioner/Home Support Nurse, 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 & 2 Support letters to: Cliona's Foundation Unit 22 Groody Centre, Castletroy, Limerick, V94 YA07