**Application for assistance with funeral expenses**

We are sorry to hear about your bereavement. We have a limited fund that enables us to offer financial help. All requests are considered and every effort is made to be of assistance. Grants are for a maximum of £750 and are usually paid within 10 days of us receiving a complete application. Please obtain an endorsement from a health professional, preferably someone who was involved in supporting the person with cystic fibrosis – if you would like us to obtain this on your behalf, please let us know when you send in your application.

Grants are made payable by BACS, either to the funeral directors or the individual requesting the grant. If you have any queries or difficulty with this please do not hesitate to contact our helpline:

[helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk) 0300 373 1000

|  |  |
| --- | --- |
| **Your name** |  |
| **Your address** |  |
| **Contact phone number** |  |
| **Contact email address** |  |

|  |  |
| --- | --- |
| **Name of the person with cystic fibrosis**  **who has died** |  |
| **Their address (if different)** |  |
| **Your relationship to the this person** |  |
| **Their date of birth** |  |
| **Date of death** |  |
| **Hospital(s) they attended** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount requested** | **£** | **Total cost of funeral** | **£** |

**You may be eligible for help from your council’s local welfare assistance/provision service or the Social Fund. Please note for people applying to the Social Fund/local welfare assistance for help with funeral payments, a funeral grant from the Cystic Fibrosis Trust (or another charity) may be taken into account when calculating their award.**

**Payment**

**We pay all grants by BACS bank transfer as this is the quickest way to get the funds to you. Please provide the bank details of your chosen account below. If you do not have a bank account please contact our helpline.**

Please note that we can make payments directly to funeral directors if preferred.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your name (as it appears on your bank statement)** |  | | | | | | | | | | | |
| **Bank/Building Society** |  | | | | | | | | | | | |
| **Account number** |  |  | |  | |  |  |  | |  | |  |
| **Sort code** |  | |  | |  | |  | |  | |  | |

Please help us to monitor the reach and impact of the Cystic Fibrosis Trust’s Welfare Grants programme by answering the questions in this final section. **The information in this section is not used to make decisions and will not affect the outcome of your application**. **It can be left blank if you prefer.**

**This information is about the person who will receive this grant.**

**Gender** Man 🗆 Woman 🗆 Intersex 🗆 Non-binary 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here …………………….

**How many adults in your household: ………..** **How many children in your household: ………..**

**Age** Under 18🗆18-24🗆 25-34 🗆 35-44 🗆 45-54🗆 55+ 🗆 Prefer not to say 🗆

**Ethnicity** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆  
British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆   
Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Sexual orientation** Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆Prefer not to say 🗆 If you prefer to use your own term, please write in:

**How did you hear about the Cystic Fibrosis Trust’s grants?** Cystic Fibrosis Trust website 🗆   
Social media 🗆 Hospital/cystic fibrosis team 🗆 Other, please write in:

**Do you have more than £6000 in savings?** Yes 🗆 No 🗆 Prefer not to say 🗆  
**What is your household income, per year (including benefits and earnings)?**less than £6,000 🗆 £6,000-£14,999 🗆 £15,000-£27,999 🗆 £28,000-£29,999 🗆 £30,000-£44,999 🗆   
£45,000-£59,999 🗆 More than £60,000 🗆 Prefer not to say 🗆

**Section four – Supporting statement from the endorser**

**The endorser is a member of your CF Team such as clinician or CF centre social worker.** This section should be completed by the endorser and emailed to us from their professional email account. Please note that we may contact the endorser to request further information related to this application or to confirm they provided the statement.

|  |  |  |
| --- | --- | --- |
| **Please tick if they will be emailing their endorsement** | |  |
| **I confirm that the information given on this form is correct, and the person who has died had cystic fibrosis** | | |
| **Name** |  | |
| **Job title** |  | |
| **Signature\*** |  | |
| **Place of work** |  | |
| **Contact number/email** |  | |

Supporting statements can also be emailed separately to us at [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk). They must be emailed from the endorser’s professional email account

*In completing this form as an applicant or endorser, you consent that the Cystic Fibrosis Trust will store and process the information provided above for the purposes of assessing and processing this grant application and any other grant applications made in the name of the applicant. We may also use the information on this form to write to you and/or the next of kin of the person who has died, to express our condolences and provide you with information about what further support we can provide to you.*

*We will treat any information provided in your application in strict confidence, and will not share it with anyone without your specific consent.*

*For more information, please see cysticfibrosis.org.uk/privacy-policy for details of our privacy policy.*

**Please email to:** helpline@cysticfibrosis.org.uk

**Please call 0300 373 1000 if you have any questions or need any help to complete this form.**