**Request for Financial Assistance Form**

* Please complete this form for all requests for financial assistance.
**Note:** Your request will be kept confidential.
* Please attach documentation from a medical practitioner as proof of diagnosis
* Please attach supporting documentation for financial assistance required due to financial hardship i.e. utility bills, medical receipts etc.
* On approval, you will be notified of reimbursement and it will be deposited into the bank account details provided.

**Please note:** This form will be retained by Pancare Foundation for three (3) years.

## Section 1: Applicant Details

|  |  |
| --- | --- |
| Gender: | **M** [ ]  **F** [ ]  **Other** [ ]  |
| Title: | **Mr.** [ ]  **Master** [ ]  **Dr.** [ ]  **Ms.** [ ]  **Mrs.** [ ]  **Miss** [ ]  |
| Full Name: |  |
| Address:  |  |
| Date of Birth: |  |
| Telephone Number/Mobile: |  |
| Email: |  |

|  |  |
| --- | --- |
| Next of Kin: |  |
| Relationship to you: |  |
| Telephone Number/Mobile: |  |

## Section 2: Diagnosis Details

|  |  |
| --- | --- |
| Type of Cancer: |  |
| Current type of cancer treatment: |  |

## Section 3: Assistance and Amounts Requested

**Items:** *Please enter the items you would like assistance with, e.g. utilities, complimentary therapies. Please enter the amount of each item.*

|  |  |
| --- | --- |
| Items | Amount $ |
|  |  |
|  |  |
|  |  |
|  |  |

## Section 4: Bank Details

|  |  |
| --- | --- |
| Bank Name: |  |
| Account Name:  |  |
| BSB: |  | **Account Number:** |  |

I acknowledge that my personal details will be made available on a strictly confidential basis within Pancare Foundation and/or my treatment organisation for financial assistance to be authorised.

 **Applicant’s signature:** **Date:**

**Signing on behalf of Applicant**

|  |  |
| --- | --- |
| Print Name: |  |
| Signature:  |  | **Date:** |  |
| Relationship |  | **Ph No.:** |  |

**Opt out of mailing list** [ ]

***To amend or withdraw these details, please email*** ***support@pancare.org.au*** ***or call 1300 881 698.***