

BENEFICIARY APPLICATION

PLEASE READ THE GUIDANCE NOTES BELOW BEFORE COMPLETING THE APPLICATION

Section 1: Referrer Details

Completed by the Referrer (Could be FAMILY DIRECTLY / SOCIAL WORKER / HOSPITAL / HOSPICE OR OTHER CARE SETTING)

Section 2: Family / Carer Contact Details

Section 3: Patient Details

Section 4: Application Details

Section 5: Declaration and Verification of Application

Section 6: Consent to process personal data

Completed by the applicant's parent or guardian, or by the young person if over 16 and able to do so

- Applications will be accepted from:
 - Directly from the family or young person if over the age of 16.
 - The young person's social worker
 - Marie Curie Nurse / Macmillan Nurse
 - POONS team
 - Hospital Consultant or other relevant clinician (including Clinical Nurse Specialists)
 - GP or other senior health professional involved in the young person's care
- The young person must be aged under 25 (0 - 24 years + 364 days)
- All applications must be verified and signed by the referrer (Section 5) in the knowledge that the application is being made on behalf of the patient.
- Please be aware that each application is assessed by the Board of Trustees and it is not guaranteed that every application will be successful. You are therefore advised not to promise/guarantee the young person or their family that the application will be successful.
- The application must be made within a reasonable timeframe to enable DCT to respond appropriately and allow the recipient to use the gift in the way in which it was applied for.
- Please be aware that by making this application you are required to provide confirmation that the medical team consider that the young person's cancer to be life threatening.

How to Submit:

- Via Mimecast
- Password protected (encrypted) email to info@dragonflycancertrust.org

Please do not attach this application to an email

SECTION 1 - REFERRER DETAILS

TO BE COMPLETED BY THE REFERRER (FAMILY DIRECTLY / SOCIAL WORKER / HOSPITAL / HOSPICE OR OTHER CARE SETTING)

Submission Date	
Hospital Name	
Referral made by (name)	
Job title	
Working days	
Telephone	
Mobile number	
Email	

We require this information to so that we can contact you should our Trustees have any questions in relation to the application.

SECTION 2 – ESSENTIAL FAMILY / CARER CONTACT DETAILS.

TO SPEED UP YOUR APPLICATION IT IS ESSENTIAL THAT ALL SECTIONS ARE COMPLETED IN FULL

Patients name		
Principle carer name(s)		
Relationship to applicant		
Details of siblings including ages		
Address		
Home telephone		
Mobile		
Email		
Bank account information (For intended Cash Gift recipient)	Name on account	Sort code
	Name of bank	Account number

This information is required to enable DCT to establish how the gift will be facilitated and to discuss any additional requirements/requests which need to be considered to process the application. This includes sibling or memory boxes and other services we provide.

SECTION 3 - PATIENT DETAILS

Full name of patient			
Age on date of application		Date of birth	
Diagnosis			

SECTION 4 - APPLICATION DETAILS

What is the application for – Please tick box below. Where patients require more than one of the following please contact the office on info@dragonflycancertrust.org

Cash Gift Parkdean Stay Memory Box
 Center Parcs break Personalised Glass Heart Sibling Box

What impact will this support have on the young person and their family? *Please select any / all that apply.*

<input type="checkbox"/> Create memories <input type="checkbox"/> Provide a focus <input type="checkbox"/> Take away the pressure of needing to arrange something special <input type="checkbox"/> Peace of mind <input type="checkbox"/> Create a platform for discussion around cancer	<input type="checkbox"/> Reduce stress <input type="checkbox"/> Connect the family <input type="checkbox"/> Cash Gift – empowerment, freedom & control <input type="checkbox"/> Impact on the patient of being able to fulfil their wish(es) <input type="checkbox"/> Provide a chance to have difficult/emotional conversations	<input type="checkbox"/> Assist with the journey of grief <input type="checkbox"/> Fulfil a final wish <input type="checkbox"/> Dignity – not needing to ask others for money <input type="checkbox"/> Help the family come to terms with the circumstances <input type="checkbox"/> Reduce anxiety on the family as a whole
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Other
Please specify where possible:

Is the family in the process of applying for other wishes/support, please highlight below. This information will not jeopardise the application.

Yes – Please give further details: No

IMPORTANT - Are there any circumstances which the DCT should be made aware of before making contact with the applicant and/or beneficiary’s family - please give details below: -

We require the above information to demonstrate the applicant sits within the application criteria and to ensure the work carried out by the DCT team does not conflict with any other organisation appealing for a similar wish for the same applicant. We may also be able to facilitate a wish that exceeds the Cash Gift value.

SECTION 5 – DECLARATION AND VERIFICATION OF APPLICATION

TO BE COMPLETED BY THE REFERRER

DECLARATION

I confirm that at the time of application, the patient named above is suffering from a life-threatening cancer diagnosis and the request meets the criteria set out in the guidance notes and is for the purposes stated in the application.

Referrer name		
Signed <i>Electronic or typed signature accepted to avoid referral delays*</i>		
Date		
Source of support confirmation (Please tick)	<input type="checkbox"/> I hereby confirm that the beneficiary / the beneficiary's family have been made aware that the support referenced in this application is being obtained from Dragonfly Cancer Trust	
Patient's understanding of their condition	<input type="checkbox"/> Aware/Cognisant	<input type="checkbox"/> Unaware at this stage
	<input type="checkbox"/> Too young/poorly to process	<input type="checkbox"/> Other (please provide details)

SECTION 6 – CONSENT TO PROCESS PERSONAL DATA

TO BE COMPLETED BY THE APPLICANT'S PARENT OR GUARDIAN, OR BY THE YOUNG PERSON IF OVER 16 AND ABLE TO DO SO.

I give my permission for Dragonfly Cancer Trust to process my personal information in line with their privacy statement.

As part of the conditions of the referral process, please note that at an appropriate time you will be contacted to obtain – non-obligatory - feedback in relation to the request. Such feedback enables the DCT to promote the impact that our support has on our beneficiaries and their families; thereby helping us raise more sponsorship and reach more people.

Name (please print)	
Relationship to the applicant	
Signed <i>Electronic, verbal or typed signature accepted to avoid referral delays*</i>	
Date	

***In order to satisfy auditable requirements, we reserve the right to contact the consenting parties from time to time to ensure appropriate authorisation has been granted.**

Privacy Statement

Dragonfly Cancer Trust will not use or share this information other than to satisfy the application criteria. All applications will be destroyed within 12 months of submission.

For further details please see our Privacy Policy which can be viewed at:

www.dragonflycancertrust.org/privacy-policy

Should you have any questions in relation to this application you may contact the office by email

info@dragonflycancertrust.org or by telephone on 0191 2610971 / M; 07491641668.

Further Guidance Notes, Terms & Conditions

1. The Trustees will consider applications to support children and young people with a life-threatening cancer diagnosis to achieve their wishes with a clear focus on memory making. The application should clearly demonstrate the impact that the gift will have on the applicant and his/her family.
2. It would be extremely helpful if you can make DCT aware of any special/difficult circumstances the team should be aware of before contacting the family.
3. Grant outcomes are carefully considered and deemed final without recourse to appeal or challenge.
4. The Cash Gift is awarded to the recipient in good faith for the purpose for which it was applied for and cannot be reissued to family members should circumstances change. Whoever is making the application should be mindful of any time constraints when applying for support.
5. Please send a separate email to info@dragonflycancertrust.org confirming that you have submitted a form if via Mimecast.

If you have any questions, or if you have not heard from DCT within 7 days of submitting the application, please contact the office:

Telephone: 0191 2610971 / Email: info@dragonflycancertrust.org

Dragonfly Cancer Trust, Registered Charity 1167247

In line with the recent GDPR, we have reviewed how we receive and process our applications and we would be most grateful if you would follow the guidelines for submission outlined in the covering e mail and on our website.