

MEDICAL INFORMATION

Name of renal unit attended:

Nature of treatment: haemodialysis / CAPD / kidney transplant / pre-dialysis / other (state):

**Date of transplant
(if applicable):**

**If pre-dialysis
please state eGFR:**

Other medical conditions:

PLEASE NOTE

Kidney Care UK grants are normally only available to people who are on dialysis, about to start dialysis or within the first year post-transplant. In all other circumstances an application must be accompanied by a letter from a renal consultant stating that the patient's renal condition is having a serious impact on their quality of life. Grants are discretionary and there are sadly no guarantees.

GRANT INFORMATION

**State purpose for which a
grant is required:**

Amount of grant requested: £

**If successful, cheque to be
made payable to:**

- **Cheques for more than £100 must be made payable to shops, service providers, etc. and cannot be made payable to the patient or any other individual.**
- Cheques cannot be made payable to Trusts or hospital social work departments.
- When requesting funding for goods it may be helpful to you to know that we will normally only consider the least expensive suitable option.

If applying for a grant towards a holiday, please complete the following information:

**Holiday
dates:**

**Number of people
travelling:**

Total cost of holiday: £

Amount requested: £

**Name and address
of travel company,
hotel, etc:**

Please include documentation from the travel company showing the holiday details and costs.

DETAILS OF YOUR MONTHLY HOUSEHOLD INCOME

Please include all earnings from jobs (after deduction of income tax), benefits and allowances including DLA etc. for **ALL** members of the household. Please ensure that this section is correctly completed; failure to do so will result in your application being rejected.

Source	Amount (monthly)
1	
2	
3	
4	
5	
6	

Total monthly income:

Amount of savings:

DETAILS OF YOUR MONTHLY HOUSEHOLD OUTGOINGS

Mortgage/Rent:	Insurance:
Council tax:	Clothing:
Housekeeping:	Car:
Electricity:	Telephone:
Gas:	Loans:
Water rates:	Other:

Total monthly expenditure:

OTHER ORGANISATIONS APPROACHED

Organisations	Purpose of grant	Date	Outcome

DECLARATIONS

DECLARATION BY PATIENT (OR PARENT/GUARDIAN)

I confirm that the information provided is correct to the best of my knowledge and, if this application is successful, I will ensure that the funds granted will be used for the purpose for which they were awarded. False information may result in the grant being withdrawn and any payments needing to be returned.

Name: (in capitals)

Signature:

Date:

DECLARATION BY RENAL SOCIAL WORKER OR MEMBER OF RENAL TEAM

I have read the information provided on the attached grant application form and to the best of my knowledge believe it to be correct.

Name: (in capitals)

Signature:

Date:

Position:

Address:

Postcode:

Email:

Tel No:

Fax No:

CHECKLIST

Before submitting your application, please ensure that: (please tick the box if enclosed)

- 1. All sections of the application form have been fully completed.**
- 2. You have signed and dated the declaration.**
- 3. The patient (or parent in the case of a child) has signed the declaration.**
- 4. You have included your report, written on the hospital's notepaper.**
- 5. You have included copies of any supporting documentation – i.e. invoices, estimates, etc.**
- 6. Please note that the Kidney Care UK never reimburses individuals for payments already made.**

When fully completed and accompanied by supporting documentation (i.e. written report, estimates, invoices, etc.) this form should be returned to:

Kidney Care UK 3 The Windmills, St Mary's Close, Turk Street, Alton GU34 1EF
T: 01420 541424 | **F:** 01420 89438 | info@kidneycareuk.org | kidneycareuk.org
f KidneyCareUK **t** @KidneyCareUK

Formerly
BRITISH KIDNEY
Patient ASSOCIATION
improving life for kidney patients