

Transplant Assistance Program 2019 Application Form (NSW)

Cystic Fibrosis Community Care's Transplant Assistance Program provides support to CF Community Care members who have cystic fibrosis (CF), live in NSW, and have recently had a CF-related transplant. This grant aims to help relieve some of the financial stress while people recover and get back on their feet.

You may be eligible to receive support of up to \$500 to assist with your transplant-related costs. Please read the details on page 2 for the terms and conditions and how to apply.

Applications for 2019 will close Monday 2 December 2019 (or earlier if all grants have been distributed)

Applicant details

Name of person with CF:		Transplant clinic:
Name of Parent / Guardian (if applicant is a child)		
Email:		Phone:
Address:		
Suburb / Town:	State:	Postcode:

Request details

<input type="checkbox"/> I confirm the transplant was CF-related <input type="checkbox"/> Yes, you have my permission to confirm my transplant with the relevant hospital / CNC		Date of transplant:
Name of CF Clinical Coordinator / CNC:		Phone:
My bank account details for direct deposit / bank transfer:		
Name of Bank:	Account name:	
BSB:	Account number	

Sharing your story

Are you prepared to provide photos, comments and / or a written story or testimonial for use by CF Community Care in newsletters and reporting to funding bodies? (The answer to this question will not affect your chance of receiving the grant).

- Yes - Please tick all the ways you are willing to provide information: No
- Photos
 Comments
 Written story

Privacy and consent

I agree to the collection of the data on this form by CF Community Care and acknowledge that all personal information provided on this form will be placed on CF Community Care's database and used for purposes associated with its service and business operations / events. It will not be provided to any other person or organisation, without my prior consent, unless required by law. The CF Community Care privacy policy provides information on how to access your personal information held by CF Community Care and how to seek correction of such information if required. The privacy policy also contains information about how to make a complaint about any breach of privacy legislation. For further details of CF Community Care's privacy policy view the policy online at www.cfcc.org.au

CF Community Care welcomes feedback. You can provide feedback online at www.cfcc.org.au or by contacting CF Community Care

How to apply

1. Complete all sections of the Transplant Assistance Program application form
2. Send it to Programs and Support Services, CF Community Care via:
E: nswsupport1@cfcc.org.au
M: PO Box 4113, Homebush South NSW 2140
3. We will contact you about your application within five business days of receiving it
 - Please call us if you need a more urgent response

Terms and conditions

You must:

- Be a 2019 member of CF Community Care
- Be a resident of NSW
- Have CF or be the primary parent / carer of a child aged under 18 years who has CF
- Have had a CF-related transplant in the previous 12 months

Grants are limited to one grant per person.

A completed application form must be provided, including relevant contact information for your Transplant Clinic.

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Need more information?

If you have any questions or would like more information about the Transplant Assistance Program or any of CF Community Care's other services, contact us on:

W: www.cfcc.org.au

E: nswsupport1@cfcc.org.au

P: (02) 8732 5700

M: PO Box 4113, Homebush South NSW 2140

Office use only			
Date received:	Application successful: <input type="checkbox"/> Yes <input type="checkbox"/> No, why		
Amount approved:	Approved by:	Date approved:	Applicant notified:
Account & job code:			