



The Laura Brennan Charitable Trust

Funding Application Form

Personal Details:

Parent / Guardian Name:

Address:

Childs Name:

Date of birth:

Address (if different from above)

G.P. Name & Contact details:

Hospital Attending:

Consultants Details (If relevant)



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Details of Child's Condition:

(Please give a summary of your child's illness or condition and attach any documents that you feel are relevant)

Funding for Medical / Treatment costs (If funding is required to cover medical / treatment costs, please briefly outline reasons why costs are not being covered by the HSE and attach copies of any relevant documentation)



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At application stage an overview of required funding should be outlined, if possible please try to provide an approximate total figure. (Please use a separate sheet if necessary)

Any other relevant information:

Please include any information you feel maybe relevant to your application and / or supporting documentation:

Applicants Declaration:

I/We certify that all information supplied in this application and all information in any supporting documentation is truthful and accurate:

SIGNED _____ **DATE:** _____

NAME: _____
(In block capitals)

Parent / Guardian Authorisation:

I/We hereby authorise The Laura Brennan Charitable Trust or one of its Trustees to contact and discuss our child's condition and / or treatment with any of the outlined persons in this application G.P. / Hospital / Consultant or Health worker if further information in required

SIGNED: _____ **DATE:** _____

NAME: _____ **(In Block Capitals)**



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GUIDELINES FOR COMPLETING APPLICATION FORM:

1. Please ensure all sections of the form are completed
2. Please include all relevant documentation
3. It is important to include any or all HSE documentation / correspondence if applicable
4. For transport costs please ensure relevant quotes, correspondence with airlines, hotels etc., are attached. If possible please choose most competitive prices.
5. Please try to provide the Trustees with as clear a picture as possible of the total amount of funding that maybe required for the duration of the child's treatment .
6. Please ensure you have signed the authorisation section in the cases that verification is required from the childs G.P, Hospital or Consultant.



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Outline of funding required:

At application stage an overview of required funding should be outlined.

If possible please try to provide the total amount required to cover the funding your child may require.