



Prostate Cancer Foundation of New Zealand
National Office
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Registered NZ Charity No CC30635

WELFARE GRANT APPLICATION FORM

Men who have been diagnosed with prostate and/or testicular cancer may apply for a grant for:

- Assistance relative to the provision or procurement of services additional to the treatment of their cancer and for post-treatment requirements.
Assistance related to the provision or procurement of services for pastoral care such as transportation and accommodation costs, access to counselling services, access to specialized equipment and/or services. Partners and family/whanau may be included.

Terms and Conditions

- Grants are not available for medical treatments, medications or associated services provided by medical professionals (except physiotherapy through Pinc & Steel).
Applications must include a letter from their doctor or urologist confirming their diagnosis and details of their prostate and/or testicular cancer.
The minimum grant is \$100 and in total are limited to \$500 per person in any calendar year.
Applications are to be made on this form, signed and include supporting documentation such as quotes for the services or equipment, receipts, etc. PCFNZ reserves the right to approve or disapprove the provider.
When approved, grants will be paid:
- directly to the service provider on receipt of their invoice, or
- to the applicant where they have made payment direct subject to the provision of a receipt confirming payment has been made and containing the details of the service/equipment provided.
Grants for travel (private vehicle mileage) will be paid by MTA (or similar) gift card.

Please complete the details below, both pages, in full.

Details of Applicant

Name Phone (.....).....

Address

Email

PCFNZ Member? [] Yes [] No Support Group attended?

Details of your disease (include dates of diagnosis and your treatment pathway)

.....
.....
.....

Details of the Grant requested

What are you applying for?
.....

Proudly supported by:



Who is providing the service or equipment? (name and contact details)

.....
.....

Why do you need this service or equipment?

.....
.....
.....

For **Mileage Grants** – why is this needed?

.....

Details of the travel required Estimated kms

Where to / from?.....

Have you applied for Ministry of Health National Travel Assistance? YES NO

For **grants for Partners or Family/Whanau.**

Name(s) of others to benefit from this grant

.....

How will this benefit them?

.....

How much are you applying for? \$.....

- Checklist:** Letter from doctor or urologist attached All details on this form completed
 Quote or invoice from service/equipment provider attached This form signed

If you are involved in a Support Group please have the Coordinator or a Board Member endorse your application.

Declaration: I declare that the details on this application are true and correct and that any funds granted will be used for the purpose detailed in this application.

Signed: Endorsed by
(Applicant) (Coordinator / Board Member)

Date:

Please return this form to:

Welfare Grants Committee, PCFNZ, P O Box 301313 Albany, Auckland 0752; or email to ceo@prostate.org.nz

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