



Prostate Cancer Foundation of New Zealand

National Office

PO Box 301313 Albany, Auckland 0752, New Zealand

Ph. 09 415 2405 **Freephone:** 0800 477 678

E. info@prostate.org.nz W. www.prostate.org.nz

Registered NZ Charity No CC30635

WELFARE GRANTS FUND APPLICATION FORM

At the Prostate Cancer Foundation of NZ we understand that a diagnosis of prostate cancer can place a considerable financial burden on men and their families, including loss of income and additional costs associated with the consequences of treatment. To assist patients and their families who are experiencing hardship related to their treatment for prostate or testicular cancer, we provide assistance through our Welfare Grants Fund.

Please note: if you wish to apply for financial assistance for the **Prost-FIT** programme, please visit prostate.org.nz/prostfit/ for application details. If you are seeking assistance for **counselling for emotional distress**, please visit prostate.org.nz/counselling-service/ for information on how to access our free dedicated Counselling Service.

Please read the following guidance carefully, provide the information requested in the form as fully as possible and return by post to Prostate Cancer Foundation of NZ, PO Box 301313 Albany, Auckland 0752, New Zealand. You can also scan and email your application to: ceo@prostate.org.nz

The Prostate Cancer Foundation Welfare Grant provides:

- Assistance typically of an emergency nature where we pay a third party to cover bills or source essential goods and/or services on **behalf** of an applicant, usually on a one-off basis. We do **not** generally make cash grants direct to individuals.
- Assistance relative to the provision or procurement of services additional to the treatment of the applicant's 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 specialized equipment and/or services. Partners and family/whanau may be included.

Terms and Conditions

1. Grants are not available for medical treatments, medications or associated services provided by medical professionals (except physiotherapy through Pinc & Steel).
2. Applicants must include a letter or email including full return contact details from a healthcare practitioner confirming your date of diagnosis, name of the consulting specialist and where it was made.
3. The minimum grant is \$100 and the charity will grant up to a maximum of \$500 per person in any calendar year.
4. The fund will **not** usually reimburse individuals retrospectively for expenses already incurred.
5. Applications are to be made on this form, or the online version here: <https://prostate.org.nz/welfare-grants/>. This hard copy form must be signed. Please include as much supporting documentation (such as quotes, receipts etc.) as possible for the services or equipment. PCFNZ reserves the right to decline to provide the grant to a provider and/or request that an alternative provider for goods or services be used.
6. Applications are processed as they are received. We endeavour to provide grant decisions to applicants within 4 to 6 weeks, but it is possible you will receive a response earlier than this. Please note on your application if your need for assistance is particularly time sensitive.
7. When approved, grants will be paid directly to the service provider on receipt of their invoice; or where reimbursement has been approved, 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.
8. Grants for travel (private vehicle mileage) will be paid by MTA (or similar) gift card.

9. Notwithstanding the criteria outlined here, please note that the charity is not obliged to approve any application and all grants are made at the complete discretion of the charity's Board and its Advisory Committee.

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

Details of Applicant

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

Address

Email

PCFNZ Member? Yes No Support Group attended (optional)

Please provide brief details of your cancer (include date of diagnosis, where it was made and the name of the consulting specialist)

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

Details of the Grant requested

How much are you applying for?

What are you applying for?

Who is providing the service or goods? (Name and Email)

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.....

Why do you need the service or goods?

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.....
.....

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



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For grants for Partners or Family/Whanau.

Name(s) of others to benefit from this grant

How will this benefit them?

Is there any further information relevant to your application that you would like to provide?

Checklist:

- Letter/email from healthcare practitioner attached (see note 2. of Terms and Conditions)
All details on this form completed
Quote or invoice from service/equipment provider attached
Form signed

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:
(Applicant)

Date:

Please return this form to:

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

Privacy Statement

Please tick this box if you do not consent to the Prostate Cancer Foundation of NZ using the contact details provided here to keep you informed about all activities at the charity including how they support men and their families affected by prostate cancer. The Foundation is committed to ensuring that your privacy is protected, will not share your information with any 3rd parties and you can unsubscribe at any time.