



Welfare Grant Application Form

Please complete this form clearly and in black or dark blue ink

Patient details

NRIC / FIN	<input type="text"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="text"/>
Surname/family name	<input type="text"/>								
Given name/first name	<input type="text"/>								
Other names	<input type="text"/>	Date of Birth	<input type="text" value="DD / MM / YYYY"/>						
Address	<input type="text"/>								
	<input type="text"/>	Postcode	<input type="text"/>						
Mobile phone	<input type="text"/>	Home phone	<input type="text"/>						
Email	<input type="text"/>								

Applicant details

Same as above (I am applying for myself) Yes No

If yes, move on to Next of kin details.

If no, please provide the following information:

Full Name	<input type="text"/>								
Relationship to patient	<input type="text"/>								
Mobile phone	<input type="text"/>	Home phone	<input type="text"/>						
Email	<input type="text"/>								

Next of kin details

Surname/family name	<input type="text"/>								
Given name/first name	<input type="text"/>								
Relationship	<input type="text"/>								
Mobile phone	<input type="text"/>	Home phone	<input type="text"/>						
Email	<input type="text"/>								

Medical condition

Date diagnosed with brain tumour

Name of hospital where you have received or are receiving treatment

Consultant's name

Personal finances

If you are single, do you have more than \$5,000 savings? Yes No N/A

If you are not single, do you have more than \$7,500 savings? Yes No N/A

Do you receive Medifund assistance? Yes No

Total monthly household income per person

For households without income, please state your property's annual value (AV) N/A

I declare that the above contains a full and true account of the whole of my income from all sources.

Application details

Amount of grant applied for \$

Purpose of grant application. *Please use a separate continuation sheet if necessary*

Apart from the BTSS Welfare Grant, have you applied for any other financial support to cover the same needs? Yes No

If Yes, please provide full details.

Signature

Signed

Please print name

Date

DD / MM / YYYY

Grant Reference (Office use only)

Details of Social Worker supporting the application

Mr

Mrs

Miss

Other

Surname/family name

Given name/first name

Hospital/Clinic

Address

Postcode

Contact phone No

Email

I agree to endorse this application made by

Please acknowledge that in signing this endorsement, BTSS may contact me directly for further details regarding this application.

Signed

Please print name

Date

DD / MM / YYYY

Please return the complete form to:

Brain Tumour Society (Singapore)
Blk 465 Crawford Lane #02-26
Singapore 190465

Term & Conditions

BTSS Welfare Grants are reviewed by a committee whose names are on the BTSS website www.braintumoursociety.org.sg

1. Any grant awarded will not exceed \$2,500.
2. BTSS at its sole discretion reserves the right to question the applicant on the information provided, and request further details from the person endorsing the application either by way of a telephone enquiry or written communication.
3. BTSS will not award a grant to cover the medication costs or any hospital treatments, nor to reduce financial debts other than difficulties faced in meeting utility bills.
4. Only one award per household will be made in any given 12-month period for a maximum of 3 consecutive years.
5. BTSS cannot accept any responsibility whatsoever for an application lost or delayed by any mail delivery service.
6. Grants awarded are to be used for the sole purpose for which the application was made. Written notification to BTSS is required for any change in purpose and are subject to approval.
7. On confirmation of the awarding of a grant, all payments, where possible, will be made directly to the supplier of the service by BTSS. If this is not possible, the claimant will be required to provide BTSS with either the originals, or copies of all documents to support the expenditure.
8. BTSS will report to the relevant authorities if it suspects that there have been any attempts made to obtain a grant in a fraudulent manner.
9. Following the awarding of a grant BTSS will not, without written consent, use the applicant's details for any publicity or show details within any printed matter or online.
10. We will include, but will not show individual detail, the total sum of money made available under our welfare grant scheme in the BTSS annual report and accounts. Applicants may however share information about the grant with any parties of their choice.
11. BTSS will not enter into any verbal or written discussion should it decide not to award a grant, other than to notify the applicant that they have been unsuccessful.
12. BTSS decision is final and not subject to appeal.
13. All applicants must reside in Singapore – these grants are not restricted to Singapore Citizens and Permanent Residents.
14. BTSS will retain within its secured database details of all grant applications made. Such information will not be disclosed to any third party unless a request is made by an authority entitled to demand the information from BTSS.