



Welfare Grant Application Form

Please complete this form clearly and in black ink

Grant Reference

*If you are a Parent/Caregiver applying for a Patient below 21, please fill your details in the "Applicant details" section.

Applicant details (Patient)

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="DDMMYYYY"/>						
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"/>								

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"/>								

About your condition (Patient)

Date diagnosed with brain tumour	<input type="text" value="MMYYYY"/>
Name of hospital where you have received or are receiving treatment	<input type="text"/>
Consultant's name	<input type="text"/>

Personal finances

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

If you are married/ have a partner/ and as a family, do you have more than \$7,500 savings? Yes No

Do you receive Medifund assistance? Yes No

Total household income per annum \$

Total household expenditure per annum \$

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

About your application

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

Grant Reference (Office use only)

Details of Social Worker supporting the application

Mr Mrs Miss Other

Surname/family name

Given name/first name

Occupation

Address

Postcode Contact phone No

Email

I have known the person named on this application for Months Years

I agree to endorse this application made by

Period of support for maintenance, \$ 300 / month: 3 months 6 months N/A

Please acknowledge that in signing this endorsement, BTSS, may wish to contact me directly

Signed

Please print name

Date

Please return the complete form to:

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

Grant Reference (Office use only)

Term & Conditions

BTSS Welfare Grants are reviewed initially 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. Whether by way of a telephone enquiry or written communication.
3. BTSS will not award a grant to cover the cost of any medication or hospital treatment of any description. Or to reduce financial debts, other than considering hardship 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. The money award needs to be used for the sole purpose for which the application was made. BTSS will need to be notified in writing should the purpose change.
7. Our confirmation of the awarding of a grant all payments, where possible, will be made directly to the supplier of the service by BTSS. Should this not be practical 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. The applicant 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 Panels 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.