



FINANCIAL GRANT FORM

Together, it's the only way

Applicant Details

Child's First Name: _____ Child's Surname: _____

Child's Date of Birth: _____ Child's Gender: _____

Parent's or legal guardian's name: _____

Address: _____

Postcode: _____ Email Address: _____ Contact Telephone number: _____

Signature of parent or legal guardian: _____

By submitting this form you are agreeing to The Drew Barker-Wright Charity recording the details above on their database, so they can provide you with the best possible support every time you contact them.

Please tick here if you do not want us to use your information in this way.

DBWC are also helping fund Professor Adrienne Flanagan at UCL, a world leading chordoma specialist. With your consent, we would like to pass on the contents of this form to Professor Flanagan to ensure she is aware of your case. She is currently establishing a UK wide network of chordoma patients to build a better understanding of this illness.

Please tick here if you do not want us to share your information in this way.

You can change the way we communicate with you at any time by contacting us at info@dbwcharity.org

Medical Report

To be completed by a health or social care professional involved in the child's treatment or care.

Child's first name: _____ Child's surname: _____

Child's diagnosis: _____ Date of diagnosis: _____

Is cancer treatment being received, anticipated or recently completed? Yes No

Helping you apply

This grant application is for children aged 0 to 16 living in the UK who have been diagnosed with paediatric chordoma within the last 6 months, as of the date of this application. If you are unsure whether your child is eligible, please contact The Drew Barker-Wright Charity at: info@dbwcharity.org

All Parts of the application need to be completed

Applicant's details should be completed and signed by someone with parental responsibility or legal guardianship. Medical support and health or social care professional's details should be completed and signed by a health or social care professional.

Health or social care professional's details

Title: _____ First name: _____ Surname: _____

Job title: _____

Paediatric Oncologist Clinical Nurse Specialist Health Social Worker

Other, please specify: _____

Are you a CLIC Sargent professional? Yes No

Work place address: _____

Postcode: _____ Email Address: _____ Contact Telephone number: _____

Treatment hospital (if different): _____

Signature: _____ Date: _____

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Please tick here if you do not want us to use your information in this way.

The Drew Barker-Wright Charity will also use your information to process the application, validate the claim and carry out necessary checks to verify you are a qualified health or social care professional.

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Completed forms should be returned to: 6 Regent Street, Talgarth, Brecon, Powys, LD3 0DB
Charity Reg No: 1776680