



## Information

### **Who can apply for a FFC Grant?**

- People who have cancer and are on a low income with little savings.
- Grants are given to patients of all ages
- Grants will also be given to people who previously had cancer and are now suffering from cancer related disabilities.

### **How much can FFC give?**

- FFC have limited funds available and the majority of grants are small.
- All applications are considered and FFC will help where they can.
- Grants are limited to **1 per person**, this will ensure that we help as many people as we can.

### **Financial Information**

*All Applications are means tested, this ensures that grants are given to people who require them the most.*

To be eligible for a FFC Grant you must fall within the criteria below

- Live in the area that is served by the Portsmouth Hospital NHS Trust
- Have lived in the area for over 5 years. If now living outside this area evidence is required such as supporting letter or evidence of a utility bill/council tax.
- Have savings under £6000 if single, or £8000 as a couple or family
- Your household disposable income per week after Mortgage, Rent & Council Tax, is under:
  - £170 for a single person
  - £289 per couple
  - £85 per child (Family)
  - £119 for each additional adult working (only when their income is relevant to the request)

**EVIDENCE OF INCOME IS REQUIRED BY WAGE SLIP OR BY ALL BANK STATEMENTS.**

### **How are grants sent out?**

If you are successful with your application, grants will be sent directly to the patient in the form of a cheque.

If the grant is for a person aged under 18 the cheque will be made payable to the parent or guardian.



Football For Cancer  
48b High Street  
Cosham  
Portsmouth  
Hampshire  
PO6 3AG  
Tel: 02392 612334

## FFC GRANT APPLICATION FORM

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

By completing and applying for a FFC Grant, you give permission for us to use your non-identifiable data (no names/addresses)

Please complete this form fully using pen ink or type  
If you have any questions please email [grants@ffcevents.com](mailto:grants@ffcevents.com) or call 02392 612334

### Personal Details

Surname:  First Name:  Title:

Address:

Postcode

DOB

Gender Male   
Female

Contact Home

Mobile

Signature of applicant or parent

Date



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## Medical Information

*This section must be completed by a Macmillan nurse, GP, hospital doctor or a Clinical Nurse Specialist – **DS1500 is not accepted***

Diagnosis  Date of Diagnosis

Prognosis if known

Is treatment being received?      Yes       No

If yes, what treatment is being given?

Supporting statement for application.

Please include as much as you can to explain the situation.

Please continue on a separate sheet if necessary

Name of Medical Signatory

Official Capacity

Department

Signed

Department Stamp

Date



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## Financial Information

**Please enclose a recent bank statement and relevant wage slips**

	Weekly	Monthly
Current Wages (after deductions)	£	£
State Pension	£	£
Pension Credit	£	£
Other Pensions	£	£
Statutory Sick Pay	£	£
Child Benefit	£	£
Employment & Support Allowance	£	£
Universal Credit	£	£
Income Support	£	£
Tax Credits (Work/Child or Both)	£	£
Any Other Income	£	£

*We do not take the following benefits into account when dealing with your grant application, but they must be stated*

	Weekly	Monthly
Attendance Allowance	£	£
Disability Living Allowance	£	£
Personal Independent Allowance	£	£
Housing Benefit	£	£

### Outgoings

	Weekly	Monthly
Mortgage	£	£
Rent (after Housing Benefit)	£	£
Council Tax	£	£



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## Grant Request Information

### Details of all other household members

Name	Age	Weekly Income	Monthly Income	Relationship to patient
		£	£	
		£	£	
		£	£	
		£	£	

### Occupation

Patient

Partner (if applicable)


Please specify the items/purpose you are applying for	Amount

*Please note that it may not be possible to assist with all items*