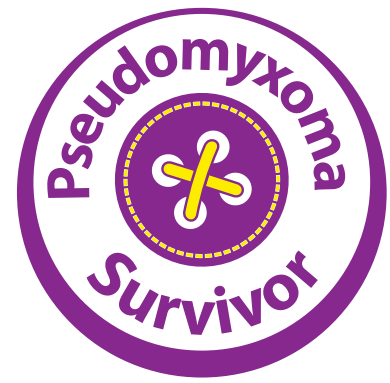


# Application for Financial Assistance



Our **Family Grants** are a one-off payment of up to £250 awarded to those affected by PMP or appendix cancer, be they a patient or a family member.

Grants can be used for a wide range of practical needs, such as help with bills or towards a short break. For simplicity, PMP is used throughout to refer to PMP or appendix cancer.

## Part 1. About you

If you are applying on behalf of someone, please fill in their details throughout this form and provide your contact details in Part 3, Section B.

### a) Contact information

Title

---

First name

---

Surname

---

Address

---

County

---

Postcode

---

Email

---

Telephone

---

### b) Further details

Date of birth

---

Have you been diagnosed with PMP?  Yes  No

If Yes, what year was the diagnosis made?

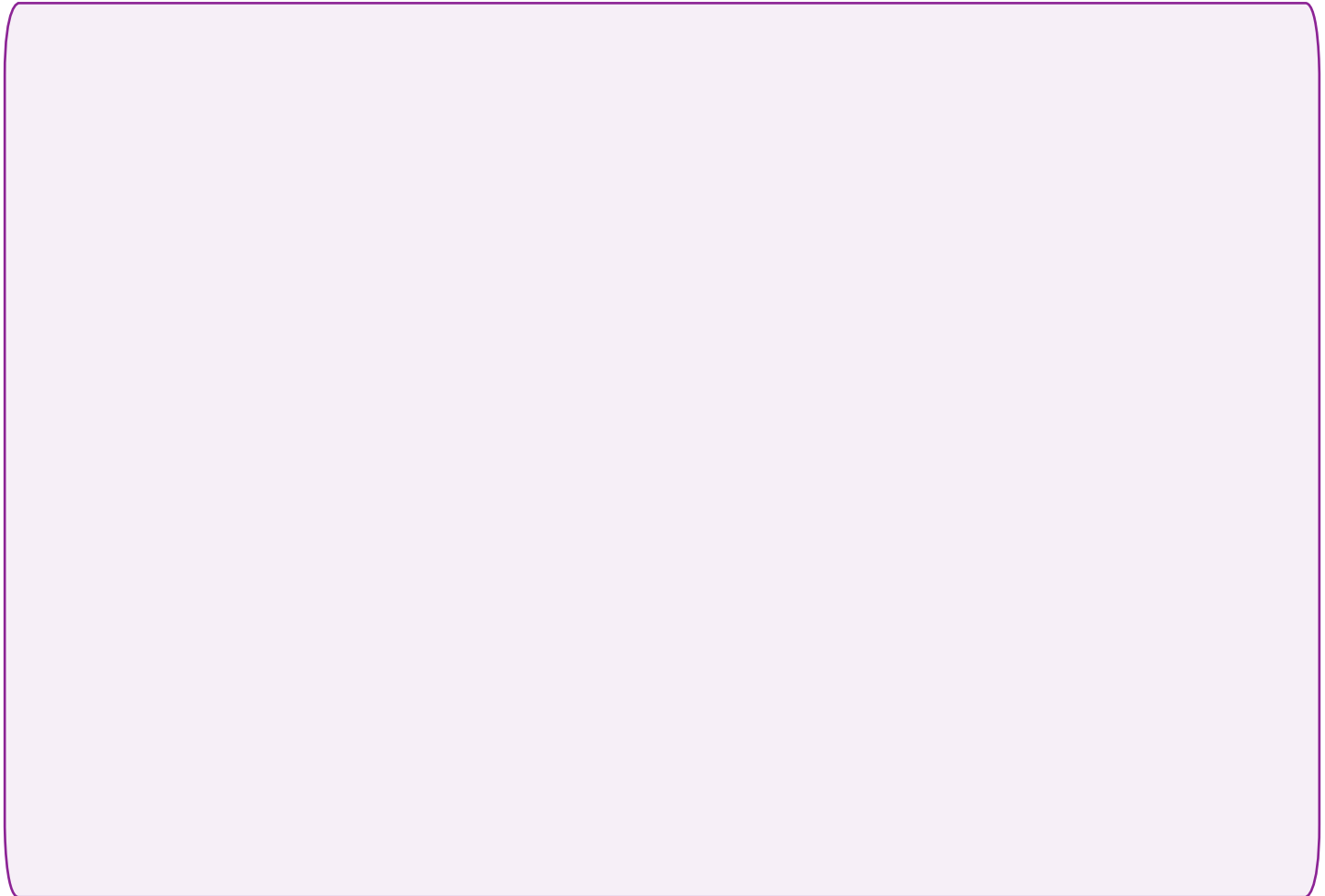
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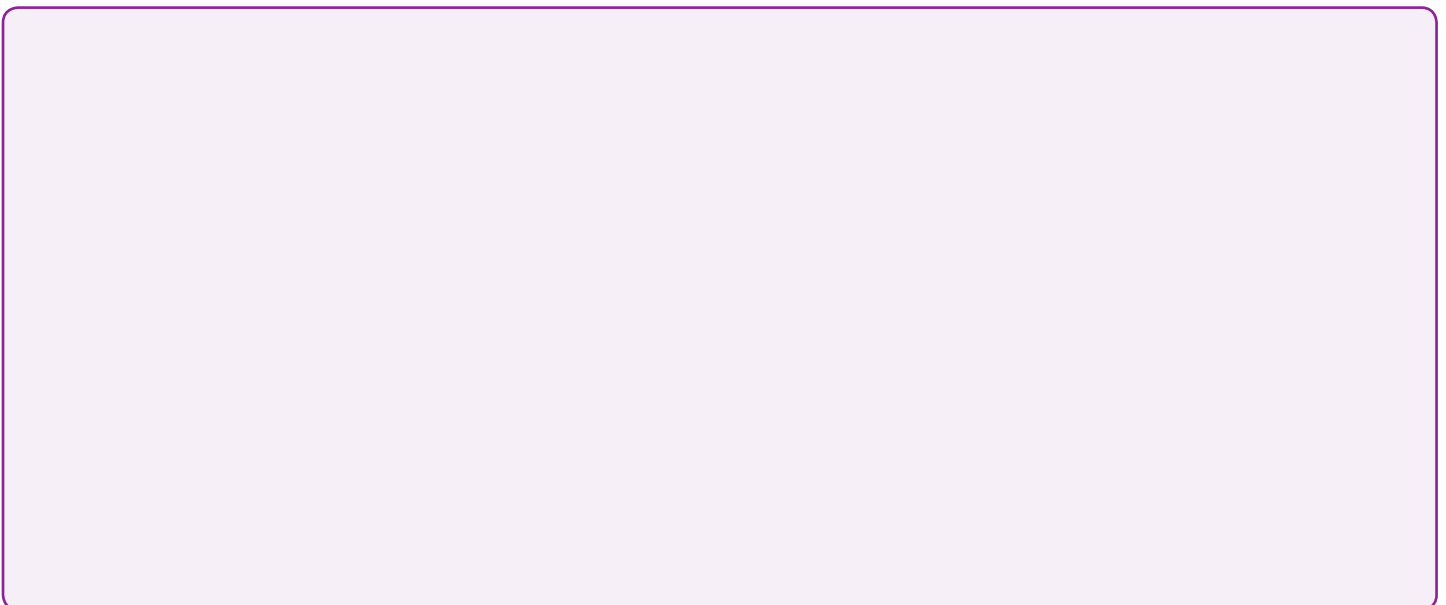
## Part 2. Your grant request

### a) What is the grant for?

(Please provide as much detail as you can to support the application, continue on a separate sheet if necessary)



### b) How could our grant meet your need?



## c) Bank information

Name and full address of your bank

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Account name

---

Sort Code

---

Account Number

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If you are outside the UK, please contact us to discuss payment options.

## Data protection statement – how we will use your information

Pseudomyxoma Survivor through its volunteers will keep the personal details provided secure. The information on your application form will remain confidential to the Committee.

The information given on this form will only be used to consider your application for financial assistance, which may include checking whether any statutory or charitable sources of funding may be available to you. Do you consent to us looking for additional funding sources on your behalf?

Yes    No

Pseudomyxoma Survivor at its sole discretion reserves the right to question the applicant on the information provided, and request further detail in order to successfully process the application. Contact may be by:

- email
- post
- telephone

Your information will **not** be shared with any other third party without your consent.

We would like to keep you updated with our progress and achievements. If you would prefer not to be contacted please tick here

We may contact you to complete a short evaluation on the impact of the grant, if you would prefer not to be contacted please tick here

## Part 3. Declaration

If you are completing the form yourself, please sign section A.

If someone else is completing the form on your behalf, they should sign section B.

***Unsigned forms will not be processed and will be returned to you.***

To the best of my knowledge, the information supplied in this application is true, complete and accurate. I am aware that any false, fictitious, or fraudulent statements or claims may result in possible prosecution and will result in the recovery of all grant payments.

### Section A

Please print name

---

Signature

---

Date

---

### Section B

Full name

---

Relationship to applicant

---

Address (if different to applicant)

---

County

---

Postcode

---

Telephone

---

Email

---

Signature

---

Date

---

**After completing the declaration, please return the completed application form, either by email to [grants@pseudomyxomasurvivor.org](mailto:grants@pseudomyxomasurvivor.org), or by post to:**

**Pseudomyxoma Survivor**

Appletree House

Ellerton

York

YO42 4PA

You can also fax your application to 03030 401040

## Terms and Conditions

Pseudomyxoma Survivor 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.

Only one award per household will be made within a 12 month period.

Pseudomyxoma Survivor cannot accept any responsibility whatsoever for an application lost or delayed by any mail delivery service.

Money awarded needs to be used for the sole purpose for which the application was made.

On confirmation of the awarding of a grant, all payments, where possible, will be made directly to the claimant.

Following the awarding of a grant Pseudomyxoma Survivor will not, without specific written consent, use the applicant's details for any publicity or show details within any printed matter or online.

We will include, but will not show individual detail, the total sum of money made available under our patient grant scheme in our annual report and accounts.

The applicant may however share information about the grant with any parties of their choice.

Pseudomyxoma Survivor will not enter into any verbal nor written discussions should it decide not award a grant, other than to notify the applicant that they have been unsuccessful.

Pseudomyxoma Survivor 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 us.

We are all volunteers and we do review Family Grant applications as quickly as we can after receipt. We make best endeavours to notify you of either acceptance or rejection in writing 28 days following.



Registered with  
**FUNDRAISING  
REGULATOR**