Bereavement Grant
Application Form

About This Grant

Childhood Cancer Ireland provides financial support to parents and guardians of children, adolescents and young adults who have died as a result of childhood cancer.

This grant acknowledges the financial pressures families may experience following the loss of a child or young person to cancer. The Bereavement Grant provides a **one-off payment of €1,000.** It is not means tested.

Eligibility Criteria

To be eligible for this grant, the patient must:

- Be under 24 years of age
- Have died as a result of childhood cancer
- Have died on or after 30 June 2024
- Have been permanently resident in Ireland

How to Apply

An application for the Bereavement Grant may be made by a parent or guardian of the child, adolescent or young adult who has died.

With your consent, the application may also be completed on your behalf by the Social Work Department involved in your child's care. This may include the hospital where your child received cancer treatment, a hospice, or a hospital or community-based palliative care team.

A copy of photographic identification (e.g. Driver Licence, Public Services Card or Passport) for the parent/guardian and a bank statement showing the account details provided in this application, must be emailed to **supports@childhoodcancer.ie**. These documents will be permanently deleted once verified.

The completed application form, signed and stamped by your GP or healthcare professional involved in your child's care, should be submitted by email to **supports@childhoodcancer.ie**.

Grant Process

Once a completed application form and all supporting documentation have been received, the application will be reviewed and processed.

Applications are normally processed within **10 working days** of receipt of all required documentation.

Application Checklist

Please ensure that all of the following have been completed before submitting:

- ☐ All sections of the application form are complete
- ☐ Bank details are correct
- ☐ The form has been signed and stamped by a GP or Healthcare Professional
- ☐ The form has been signed by the parent/guardian
- ☐ Photographic identification has been emailed to supports@childhoodcancer.ie
- ☐ Bank statement verification has been emailed to supports@childhoodcancer.ie

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Data Protection (GDPR)

All information provided in this application will be treated as confidential and processed in accordance with the General Data Protection Regulation (GDPR). Applications are reviewed by authorised Childhood Cancer Ireland personnel for the purpose of administering the Bereavement Grant.

Information provided in this application will be used solely to:

- Assess eligibility in accordance with Childhood Cancer Ireland's grant criteria.
- Facilitate the administration and payment of approved grant funding.

Consent

I consent to Childhood Cancer Ireland storing my information for the purposes of administering, managing and auditing the Bereavement Grant. I understand that my information will not be shared with any other organisation, except where required by law or for grant administration purposes.

☐ I consent to the processing of my information as outlined above.

Parent/Guardian Declaration

Signature:

Date:

Section 1: Family Information

Please complete all sections in BLOCK CAPITALS. Incomplete applications cannot be processed.

1. Name of Parent/Guardian:

2. Address (incl. Eircode):

3. Telephone Number:

4. Email Address:

Section 2: Patient Information

5. Name of Child/ Young Adult:

6. Cancer Diagnosis:

7. Date of Birth: | | | / | | | / | | | | |

8. Date of Death: | | | / | | | / | | | | |

Section 3: Payment Details

Please provide your bank or credit union account details (IBAN and BIC) for payment. The name of the parent/guardian must match the name on the account. Please enter your full name exactly as it appears on the account.

Name on Account:

Bank:

IBAN:

BIC / Swift Code:

Section 4: Healthcare Professional Details

Please ensure that all details provided in this section are completed accurately and correspond with the supporting documentation supplied.

Healthcare Professional Declaration

I confirm that the parent/guardian named in this application meets the eligibility criteria for the Childhood Cancer Ireland Bereavement Grant.

Date of Application:

Signature:

Contact Number:

Hospital / GP / Department Stamp: