Relapse Grant

Application Form

About This Grant

Childhood Cancer Ireland provides financial support to parents and guardians of children, adolescents and young adults who have received a diagnosis of relapse of childhood cancer.

This grant acknowledges the financial pressures families may experience following a relapse diagnosis.

The Relapse 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 received a diagnosis of relapse of childhood cancer
- Have relapsed after 1 June 2025
- Have been permanently resident in Ireland

How to Apply

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

With your consent, the application may also be completed on your behalf by the Social Work Department at your treatment hospital or centre.

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.

Please note: If the young person is **18 years of age or over**, they can apply for the grant on their own behalf. If the application is being made by their parent, the young person will be required to co-sign the application.

The completed application form, signed and stamped by your GP or healthcare professional involved in your child or young person'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 have been completed
- ☐ 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
- ☐ If applicable: co-signed by the young person if aged 18 years or over
- ☐ Photographic identification has been emailed to supports@childhoodcancer.ie
- ☐ Bank statement verification has been emailed to supports@childhoodcancer.ie

Childhood Cancer Ireland | Relapse Grant Application Form

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 Relapse Grant Programme.

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 Relapse 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.

Co-signature of young person

If the young person is 18 years of age or over, they must also sign below to confirm their own consent.

Signature: | **Date:**

Optional Communications Consent

Personal stories and feedback help us raise awareness of childhood cancer and the impact of our services, while also supporting future fundraising so that we can continue to provide grants and supports to families. Providing your consent below is entirely optional and will not affect your eligibility for, or receipt of, the Relapse Grant.

Please tick any that you are happy to consent to:

☐ I am happy to be contacted in the future to provide feedback or share my family's experience.

☐ I am happy to be contacted about sharing my story, photos or videos to help raise awareness or support fundraising.

☐ I would like to receive occasional updates from Childhood Cancer Ireland about services, events and news.

Parent/Guardian Declaration

Signature:

Date:

Co-signature (required if young person is 18 years of age or over and application is made by parent/guardian):

Young Person 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 Original Diagnosis: / /

9. Date of Relapse: / /

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 Relapse Grant.

Date of Application:

Signature:

Contact Number:

Hospital / GP / Department Stamp: