

**Patient and Volunteer Hardship Fund Application Form**

Please complete this form to apply to the Patient and Volunteer Hardship Fund.

The purpose of the fund is to support patients and their relatives/carers who are in a position of financial difficulty as a result of hospital treatment and care.

The fund is also used to support active hospital volunteers experiencing financial difficulties.

Here are some of examples of how the fund is intended to be used: (if these do not fit with your current circumstances please contact us, using the e-mail below, to discuss your current situation).

* Patients and their immediate families who have experienced significant change in income or outgoings as a result of their hospital treatment, admission or care and are struggling with their finances
* Active hospital volunteers who are struggling with their finances
* Bereaved relatives facing immediate financial pressures until their personal financial affairs are sorted eg weekly bills to meet and no immediate access to bank account
* Patients required to isolate in advance of admission to hospital and suffering income loss, excess cost or other financial hardship as a result.
* Families suffering hardship as a result of long term inpatient care, where the family are central to maintaining the well-being of the patient and/or for example, where the family are struggling with costs associated with accommodation or long distance travel (eg Neonatal)

To help us process your application quickly, please provide as much information as possible. You may be requested to provide additional information to help reach a decision.

**Patient / Volunteer details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Preferred contact number- |  |
| E mail address |  |
| If your application is successful, in most case, we will make payment directly into your bank account. Please provide the details required opposite | Account name:Bank sort code:Account number: |  |
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| **Your Connection to Leeds Teaching Hospitals -** please tell us which of the following apply, I am: |
| * A Trust Volunteer
* A Patient
* A relative/friend of a current patient or volunteer
* A relative of a recently deceased patient/volunteer
* A member of health or social care staff supporting a patient/volunteer to complete the application
* Other - please explain
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**Support for your application**

To support your application, we may need to check some of the information you provide. Any checks we make will be in strict confidence. We will only share your information with panel members and staff validating your information. Your data will be used in line with Trust GDPR fair processing notice. More information can be found here [GDPR Fair Processing Notice - (leedsth.nhs.uk)](https://www.leedsth.nhs.uk/patients-visitors/patient-and-visitor-information/how-we-use-your-data/fair-processing-notice/)

If your application is successful we will share the data required to make a payment to you with our official Charity Partner, Leeds Hospitals Charity who will treat your data in the strictest confidence and in line with the Charity’s Data Protection Policy. The payment will be made directly to the bank account provided by you and information will be retained in line with the Charity’s data protection policy.

**Your request**

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| Please explain why you / the patient/ the volunteer is seeking assistance from the Fund. Give as much information as you can.How have hospital visits/admission/treatment/care affected finances? It’s useful to provide a breakdown of costs either by week or month. Please give as much information as you can to explain why the change in financial circumstances is causing you difficulty.Please give as much information as you can about how long treatment or care will continue to be needed.Have you sought financial advice or support from any other organisation? This might include seeking a mortgage repayment holiday or Universal Credit. |  |
| Have you previously requested funding from the Support Fund? |  |  |
| If you previously received funding for the same issue, please provide additional information as to why you need continued support. |  |
| Do you receive any of the below benefits?* *Income Support*
* *income-based Jobseeker's Allowance*
* *income-related Employment and Support Allowance*
* *Working Tax Credit (WTC) with Child Tax Credit (CTC)*
* *WTC with a disability element or a severe disability element*
* *CTC but you're not eligible for WTC*
* *Pension Credit Guarantee Credit*
* *Universal Credit*
 | Yes/No  |
| If you answered no to the above, please explain why not and help us understand why your financial position is unable to support you/your family at the moment.  |  |

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| Please state the amount of Funding you are seeking from the Support Fund: (*Please note the maximum amount that will be supported per application is* ***£500****; however in exceptional or extreme circumstances this may be reviewed.)* |

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| Please itemise, as far as possible, how any money received would be spent and to whom the money would be paid. Please advise us here if there are any reasons why you would not want money paid directly into your bank account.Please note if your application is successful the Trust may choose to pay the grant to a third party itemised in your answer below, (e.g. a landlord) |
| I agree to submit further information/receipts/invoices to the Support Fund Committee if requested.Signed: Date: |

**Once completed, please e mail this form to** **leedsth-tr.supportfund@nhs.net**

**Alternatively, you may hand it in at any Cashier’s Office or the Bereavement Liaison Office. These are located as follows:**

* **Cashier’s Office Lincoln Wing**
* **'B' floor Brotherton Wing, LGI**

**The form can be posted to:**

Patient and Volunteer Support Fund

FAO - Mr A Wilson

Trust Headquarters

1st Floor

Nursing Directorate

St James’s Hospital

Leeds

LS9 7TF