

The Tanner Fund Application Form



THE
HAEMOPHILIA
SOCIETY
UNITED KINGDOM

Name:

If you are not the person with the bleeding disorder, please give their name:

What is your relation to the person with the bleeding disorder?

Address of applicant:

Postcode:

Tel no:

Mobile:

Age of person with bleeding disorder:

DOB:

Please state type of bleeding disorder:

Please state whether mild / moderate / severe:

In what way does this affect you/the applicant?

INHIBITORS – *please note there is extra funding set aside for patients/families affected by inhibitors*

Does the applicant have an inhibitor or have they recently had one? Yes No

How does this affect you/them?

Please state below who else resides at the above address:

Name	Relationship to applicant	Type and severity of bleeding disorder (if applicable)	Age

Please specify benefits being claimed by the household, if any:

Type of Benefit	Amount being claimed £	Weekly	Monthly
Disability Living Allowance: Care			
Disability Living Allowance: Mobility			
Income Support			
Incapacity Benefit			
Child Benefit			
Carers Allowance			
Working Credit &/or Child Tax Credit			
Other:			

Is there a wage earner in the family? YES NO

Please state income: £ _____

Please specify product or service required, including model/catalogue number if applicable: _____

Please specify total cost of product/service: £ _____

We are now able to make direct orders via Argos for home delivery. If ordering goods available through Argos, please quote make/model and catalogue number where possible.

Total amount required from the Society: £ _____

Have other agencies (e.g. Social Services, Family Fund) been approached: YES NO

If YES please state which agency and outcome: _____

For what purpose is financial assistance required? **Please give as much detail as possible clearly setting out in what way the application relates to the bleeding disorder of the applicant [attach extra sheets if necessary]:**

Payment

Please state below to whom any cheque/payment should be made payable (the Society prefers to make cheques payable to the company/ organisation to which the money will be going to or to the Social Work Department of the hospital Trust).

I agree to forward receipts for the items requested:

We would like to contact you with further information about our services.

If you would prefer **NOT** to be contacted please tick here:

If possible the panel would prefer that applications be supported by a healthcare or other professional as a full endorsement of the application and in acknowledgement of the fact that, as representative of the applicant they may be approached by a member of the Grants Committee for further details relating to the application.

Please give contact details (if you are not affiliated to a centre, please include name of organisation and your role):

Name of healthcare professional:

Signature:

Job Title:

Hospital/Organisation:

Address:

Post code:

Telephone:

Email:

Centre attended by applicant:

Name of Consultant:

Applicant's Signature:..... Date:.....

On completion return this form to Tanner Fund, The Haemophilia Society, Petersham House, 57a Hatton Garden, LONDON EC1N 8JG. If you have any queries telephone us on the freephone helpline number: 0800 018 6068.

OFFICE USE: Agreed by panel 1 2 3

Amount Paid:

Notes