

Tracie Lawlor Trust for Cystic Fibrosis Patients Assistance Application Form

*Please read in full and understand this application before submitting. Please include any necessary documentation required and submit together. It is your responsibility to adhere to section A, B, C, terms and conditions and truthfully fill in this application form. Please sign with blue/red "wet ink" **do not send photocopied signatures**. Please fill out the form in **block capitals** clearly. Please do not abuse this process as funds are limited and must be used to the benefit of as many CF's as possible, *please think of us in any fundraising you or your family/friends may do in the future to keep this fund going for the benefit of all.**

Applicant Name (please wait seven ((7)) months from previous application):

Address:

Date of birth: _____

Contact phone no. _____

Email: _____

Attending Medical Centre:

Resident in Ireland: (please circle) Yes / No Diagnosed age: _____

How did you hear of us? Are you a member?

Do you use complementary and integrative medicine regularly? (CIM)

Do you find them helpful? _____

If yes why/how?

Have you availed of Patient's assistance before? _____

If yes have you found it helpful? Why / how?

Modalities*

*See Section A for further required information (max €500).

Treatment:

Treatment:

Practitioner Name/Training:

Registered body: _____

Registered Bodies Address:

Registered Bodies Web/contact:

If you choose two modalities then please outline (out of 15 treatments) which way you wish to use them if successful e.g. 7 of treatment one and 8 of treatment 2 (max €500):

Supplements*

*See Section B for further required information. (max total €500)

Company/ Brand:

Company/ Brand:

Company/ Brand:

Are the requested products pharmaceutical grade? (Please circle) Yes / No / Don't No

Are they produced in a GMP registered facility? (Please circle) Yes / No / Don't No

If known please provide details:

Other*

*See Section C for further required information.

Gym membership/Name/address (€200 max):

Personal Trainer (6 weeks max €200)

Name:

Address:

Training/Registered body:

Exercise Equipment (Max €200, pulse oximeter's included):

Definitions

Herein “applicant” or “applicant’s” mean person whom signed “By:” in “wet ink”.

Herein “TLT” means Tracie Lawlor Trust.

Herein “TLT4CF” means Tracie Lawlor Trust for Cystic Fibrosis.

Herein “CF” means Cystic Fibrosis.

Herein “Medical centre” means declared by applicant under heading “Attending Medical Centre”.

Herein “healthcare professional” means Medical centre registered CF medical team.

Herein “Medical team” means CF Doctor, CF Nurse, CF Physiotherapist, CF Psychologist, and/or CF Dietician.

Terms and Conditions:

1. All applicants must be diagnosed with Cystic Fibrosis from an approved medical centre.
2. All applicants must be a permanent resident in the Republic of Ireland and attend a CF referral centre.
3. All Applicants must be 18 years or older.
4. All applicants must be members of the TLT4CF. *(If you are not currently please include one euro and a wish to become a member in writing with this application).*
5. All applicants agree to provide truthful information.
6. All applicants agree they have read and understand the disclaimer.
7. All applicants agree to inform their medical team and provide proof of this as per Sections A, B and C.
8. All applicants agree to abide by rules outlined in Sections A, B and C and Terms and Conditions.
9. All applicants must sign the form in blue/red inedible ink.
10. A witness must sign as proof the applicant has read and understands Sections A, B and C and Terms and Conditions and Disclaimer and agrees to abide by and uphold the content therein.
11. The successful applicant must use the funds as agreed and for the purpose stated.
12. TLT4CF reserves the right to refuse applicants without reason and/or due to unforeseen circumstances and/or due to limited funds.
13. TLT4CF reserves the right to change any information contained herein.
14. TLT4CF reserves the right of discretion upon awarding of patients assistance grant applications as funds as subject to budget limitations.
15. All applicants must return the forms signed and signed by a witness and as per conditions outlined in Term and Condition 8, to TLT4CF.
16. Applications are on a first come first serve basis and subject to full completion as per Term and Condition 7, 8, 9 and 10.
17. To provide further evidence and justify further budget allocation successful applicants will be asked to fill out various quality of life forms before and after their application period.
18. At the discretion of the TLT4CF the applicant may request higher funding for sections A, B or C, pursuant to sections 14, 16, 8, 6 and 12.
19. Information provided is strictly confidential however by applying you agree statistics may be gathered on how the fund has been disrupted but no personal data will ever be shared, used or disseminated. This will aid in making the public aware of the importance of such a fund.

SECTION A:

Successful applicants are granted to up to fifteen (15) treatments per year for a maximum value of five hundred euro (€500). They must use these within one year of successful application. No carry of granted treatments is allowed. It is the responsibility of the applicant to ensure the details given to them by the named "Practitioner" are accurate and up to date. It is the responsibility of the applicant to inform their health care providers of all treatments been given. It is the responsibility of the applicant to ensure the named "Practitioner" is fully insured. Payment is made directly to the named "Practitioner". Submission should include the applicant's proof in writing that they have fully informed their medical team of their wish to avail of any treatment(s).

SECTION B:

Successful applicants are granted up to three (3) supplements supplying six (6) months with a total maximum value of five hundred euro (€500). All supplements must be of pharmaceutical grade produced in a registered facility. Appropriate pharmaceutical grade supplement will be suggested if the applicants request isn't sufficient. All supplements are bought directly however if the TLT4CF is unable to purchase the agreed supplements the TLT4CF upon further discussion will reimburse purchase of such supplements. Submission should include the applicant's proof in writing that they have fully informed their medical team of their wish to avail of any supplement(s).

SECTION C:

Depending on what the applicant applies for successful applicants are granted a maximum of two hundred euro (€200) toward gym membership paid directly to the named "Gym" OR A maximum of two hundred euro (€200) towards purchase of gym equipment which is bought directly or reimbursed once receipt is received. A maximum of 6 weeks personal trainer is provided with a maximum payment of two hundred euro (€200) paid directly to the named "personal trainer". A letter from your physiotherapist is required for approval of a personal trainer. Submission should include the applicant's proof in writing that they have fully informed their medical team of their wish to avail of anything in Section C.

DISCLAIMER

APPLICANTS AGREE TO ASSUME ALL RISK AND AGREE TO INDEMNIFY THE TRACIE LAWLOR TRUST FOR CYSTIC FIBROSIS, MEMBERS, REPRESENTIVIVES, AND/OR AGENTS AND THAT UNDER NO CIRCUMSTANCES INCLUDING NEGLIGENCE, SHALL THE TRACIE LAWLOR TRUST FOR CYSTIC FIBROSIS, MEMBERS, REPRESENTATIVES AND/OR AGENTS, BE HELD LIABLE, WHETHER, DIRECT, INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL, DAMAGES, OR LOSS PROFITS TO THE USER OR ANY OTHER THIRD PARTY FOR ANY DAMAGE RESULTING FROM THE USE OF AGREED THEREAPHIES APPLIED FOR UNDER SECTION(S) A, B AND/OR C. APPLICANTS AGREE THAT THEY WILL INFORM AND CONSULT THEIR DOCTOR AND/OR HEALTHCARE PROFESSIONAL BEFORE MAKING ANY CHANGES TO THEIR MEDICAL REGIME AND PRIOR TO SUBMITTING APPLICATION WITH A HAND WRITTEN SIGNED NOTE DELCARING ASSUCH.

*By: _____ Date: _____

**I agree I have read and understand in full all information contained herein.*

*Witness: _____ Date: _____

**I agree I have read and understand in full all information contained herein.*

*Address:

Return completed forms to: Tracie Lawlor Trust, Mullinagower, Castlebridge, Co. Wexford