

≠≠FACEMASK APPLICATION

VIA TRACIE LAWLOR TRUST

FOR CYSTIC FIBROSIS



Please fill in BLOCK capitals return to address below or by email, ensure to sign if returning by email!
Please note there is limited funds available for this application please ensure you will use and need this mask.

It is your and/or your carer/guardian/parents responsibility to ensure you follow the manufactures instructions on how to care and clean the mask.

NOTE please include your size after properly measuring your facial dimensions (see below).

NO mask can be exchanged due to improper measurements.

Surname: _____ Forename: _____

Address: _____

Age: _____ Do you have Cystic Fibrosis? _____ Are you over 18? Yes No

Do you live in Ireland? _____

Are you a carer/parent/guardian of someone diagnosed with Cystic Fibrosis? Yes No

If so, what is their name? _____

What Cystic fibrosis Centre do you/they attend in Ireland? _____

Is this your first application? _____

Mask Size requested: Please tick box Medium Large

Check measurement here: <https://cambridgemask.com/fitting-your-mask/>

Can the TLT4CF contact you directly in relation to media to help promote further funding for such applications? (*This will not affect the outcome of your application only help us provide more funding and more masks for those with CF.*)

Tick for yes

All data submitted is anonymous however by submitting this application you agree that in any end of year or PR release by the TLT4CF, data may be used to show “how” and “where” monies raised was used, the TLT4CF will never use your data in any other way without your express written consent. By applying you also agree that you have read and understand our disclaimer found here: <http://www.tracielawlortrust.com/disclaimer/>

The assistance for those with Cystic Fibrosis is only available through the kind and good nature of people who donate and keep the fund open, so please as best you can think of us in any fundraising event(s) or and where you think it may be helpful to promote the Tracie Lawlor Trust for Cystic Fibrosis which may lead to us expanding the fund.

Signed: _____ Date: _____

Parent/guardian: _____ Date: _____