



Wessex Kidney Patients Association
Keeping People Aware
Charity No 278680

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SUPPORT/GRANT FORM

Full name and address of patient

Title: Mr, Mrs, Miss, Ms. Surname:

First Name(s):

Address:

.....

Postcode:

Main phone number:

Mobile number:

Email:

Date of birth:

Present or last occupation:

If not working, please state when last job ended:

Tell us the names of all members of the household.

First name	Surname	Relationship To patient	Date of birth (if under 18)	Occupation
1.
2.
3.
4.
5.
6.

Medical Information

Name of renal unit attended:

Name of Consultant:

Nature of treatment: haemodialysis / CAPD / Kidney transplant / pre-dialysis / other (state)

.....

Date of transplant (if applicable): If pre-dialysis please state eGRF:.....

Declaration by a Member of the Renal Team

I have read the information provided on this Welfare form and to the best of my knowledge believe it to be correct.

Name (in capitals):

Signature: Date:

Position:

Address:

Postcode: Email:

Telephone No:

Welfare Payment information

State purpose for which payment is required:

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.....

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.....

Amount requested: £.....

If successful cheque to be made payable to:

- 1 Cheques for more than £100 must be made payable to shops, service providers, etc and cannot be made payable to the patient or any other individual.
- 2 When requesting funding for goods it may be helpful to you to know that we will normally only consider the least expensive suitable option.
- 3 Please note the WKPA never reimburse individuals for payments already made.

When fully completed and accompanied by supporting documentation (ie estimates, invoices etc.) this form should be returned to:

Mr. Henry Porter, 1 Watermans Lane, Dibden Purlieu SO45 4JL.

Confidentiality In accordance with the Data Protection Act 1998 this information will be used solely for the purpose of the Welfare Application, and not stored or revealed to any other organisation.