

CONFIDENTIAL



BROMHEAD MEDICAL CHARITY

Application for Assistance Towards Hospital Treatment

**PLEASE COMPLETE THIS FORM IN FULL AND AS CLEARLY AS POSSIBLE
If you require assistance do not hesitate to contact us on 01673 861412**

COULD YOU BE ELIGIBLE ?

The basic criteria for support from the Bromhead Medical Charity to be considered are:

1. You must live in Lincolnshire.
2. You must currently be on an NHS Waiting List for hospital treatment or have a clinical diagnosis.
3. Those whose total income is no more than 50% higher than the single basic state pension (or in the case of a couple, 50% higher than the couples basic state pensions) and provided that they each have no more than £25,000 in savings and investments (excluding the home they live in).

If you think you might be eligible for support from the Bromhead Charity, please complete this form.

A decision will be made within approximately 7 days of our visit to you.

In the event that we will be supporting your application for hospital treatment, we will then make the arrangements in consultation with you.

TO BE COMPLETED BY THE APPLICANT OR THEIR REPRESENTATIVE

Full Name of Patient:

Date of Birth:

Postal Address:

Post Code:

Home Telephone No:

Mobile Telephone No:

Date Income Support Commenced:

YOUR MEDICAL CONDITION

Please tell us:-

Your diagnosis:

What is the treatment you are awaiting:

Which hospital have you been attending:

What difficulties have you encountered while waiting for treatment:

How long have you been waiting for treatment, since:

Seeing GP -

Seeing Consultant –

Have you been given a date for NHS treatment (if 'yes' please provide date below):

Have you been refused NHS treatment (if 'yes' please provide reasons below):

Medical History:

YOUR SOCIAL HISTORY

Occupation:

Retired: Yes/No

Do you live with someone: Yes/No

Are you a carer: Yes/No

Do you require a carer: Yes/No

Do you have dependants: Yes/No

Relationship:

Age:

Are they totally/partially supported by you:

Yes/No

Do you live in a: House/Bungalow/Flat

Do you own your own property: Yes/No

FINANCIAL STATUS

Annual Income (after tax): £

Please give details of all Pension Income:

Please give details of all DHSS grants, allowances (including child allowance) or any other discretionary payments:

INVESTMENT INCOME

Please give details if you have any of the following investments:

Dividends: £

Bank Interest: £

B/Society Interest: £

Post Office & National Savings Certificates: £

Premium Bonds: £

Bonds: £

Annuities: £

Any other income: £

My/Our total investment income is: £

MEDICAL INSURANCE

Are you covered or partially covered by any form of Private Health Insurance:

If Yes, please give details:

ADDITIONAL INFORMATION

Please be advised that on the basis of the information given in this form a decision will be made.

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I confirm that I live in Lincolnshire, am currently on an NHS Waiting List/have a clinical diagnosis.

I understand that this application for assistance will be assessed by the Bromhead Medical Charity and support for my hospital treatment is at their discretion. I understand that my patient relationship is with Lincoln BMI Hospital and my consultant.

I certify that to the best of my knowledge the information supplied in this application is correct.

Signature of Applicant:

Date:

Personal information given to us is confidential and is only used to process your application with Bromhead Medical Charity (and in the event that we support you, in providing your care and treatment, at our nominated hospital).

We may pass some information to the NHS to assist them in managing their waiting lists. Information is not passed onto any third parties, nor do we trade or sell lists of applicants or beneficiaries to any other organization.

We are registered with the Information Commission (Notification No. Z 6438046).

The Bromhead Medical Charity
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