**Application for Support from Pulmonary Fibrosis Trust**

 **SECTION 1: Patient details**

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Contact number |  |
| Email address |  |
| Address |  |

 **SECTION 2: Funding required**
I am requesting support from the Pulmonary Fibrosis Trust for the following:
*(please tick one option)*

[ ]  Mobility scooter
[ ]  Stair lift
[ ]  Other *(please specify below)*

|  |
| --- |
| If you have ticked ‘Other’, please specify: |
|  |

|  |
| --- |
| Please briefly explain your reason for requesting this support: |
|  |

 **SECTION 3: Medical evidence**

* For the Pulmonary Fibrosis Trust to process your request, please send us evidence of your IPF/PF diagnosis e.g. a letter you already have from a consultant, doctor or respiratory nurse

[ ]  I have included evidence with my application

The Pulmonary Fibrosis Trust will never store or share any medical evidence received after it has been seen and acknowledged. Please indicate below your preference:

[ ]  Please destroy the medical evidence provided

[ ]  Please return the medical evidence by post

 **SECTION 3: How did you hear about the Pulmonary Fibrosis Trust?**
The Pulmonary Fibrosis Trust like to support as many sufferers as possible and therefore aim for all sufferers to be aware there is support available for them. Finding out how people hear about us helps us achieve this goal.
*(please tick one option)*

[ ]  GP [ ]  Patient information leaflet
[ ]  Consultant [ ]  PF Trust leaflet
[ ]  Respiratory nurse [ ]  Fundraising event
[ ]  ILD nurse [ ]  PF Trust Trustee or Ambassador
[ ]  Occupational Therapist [ ]  Social media
[ ]  Support group [ ]  Search engine

[ ]  Other:

**TERMS AND CONDITIONS**

**Equipment advice**The Pulmonary Fibrosis Trust cannot give medical advice or advise on what equipment is suitable. It is your responsibility to request the correct support for your needs.

**Support funded by Pulmonary Fibrosis Trust**
If your application is successful, the Pulmonary Fibrosis Trust will fund the required support on your behalf. If the application is for equipment, the pre-selected supplier will contact you directly to discuss exact requirements and arrange delivery.

**Privacy**
By signing this application you are consenting for your contact details to be shared with the Pulmonary Fibrosis Trust’s selected suppliers such as Pure O2 and CareCo. For more information on your rights please read our Privacy Policy on our website or request a copy via email or post.

**Representation**
If you are filling out this application on behalf of someone else, please make sure you have their consent to do so and to share their personal information with Pulmonary Fibrosis Trust and its selected suppliers.

**Equipment** *(if applicable)*- Maintenance:
It is your responsibility to keep up the maintenance as specified by the supplier. The Pulmonary Fibrosis Trust will not automatically fund and organise this on your behalf.
- Faults:
If your equipment is faulty for any reason please call the supplier directly. The Pulmonary Fibrosis Trust is not liable for any faults or breakages to equipment supplied.
- Returns:
If the equipment funded is no longer required and/or in use by the recipient, please call 01543 442 191. Some equipment can go directly back to the supplier, however, if this is not possible, please consider selling the equipment and donate the proceeds back to the PF Trust so that support can continue to be offered to others. In the case of rented equipment, the PF Trust will contact the relevant supplier on your behalf to arrange collection.

**The Pulmonary Fibrosis Trust is a charity run by volunteer Trustees. The Trust relies solely on donations for its patient support and tries to help as many patients and families as possible. The Trust therefore kindly request that funding is not abused so that help can be given to those who need it most.**Applicant signature Date

 *If you are signing on behalf of the Applicant:*

Signature Date

Name: Relationship to Applicant:

If you have any problems filling in this application please call on 01543 442 191.
Please fill in this form and either email to info@pulmonaryfibrosistrust.org or post to:
Pulmonary Fibrosis Trust, c/o EBS, City Wharf, Davidson Road, Lichfield, Staffordshire, WS14 9DZ.