The Andrea Kearney Fund

Supporting women and their families following a cancer diagnosis during pregnancy

71 Duncarnock Crescent
Neilston
Glasgow
G78 3HH
0141 881 1320
www.andreakearney.org
mail@andreakearney.org

GRANT APPLICATION:

To be completed by a GP, Hospital doctor or clinical nurse specialist & returned to above address.

PATIENT DETAILS	
Title:	Address:
First Name:	
Surname:	
Date of Birth:	Postcode
Telephone:	Email:

APPLICANT DETAILS	
Title:	Work Address:
First Name:	
Surname:	
Job Title:	Postcode
Telephone:	Email:

MEDICAL DETAILS	
Does patient have a cancer diagnosis?	Yes [ ] No [ ]
Are they aware of the diagnosis?	Yes [ ] No [ ]
Diagnosis:	Date:
Was diagnosis made during pregnancy?	Yes [ ] No [ ]
Date of birth of child:	Actual [ ] or Due Date [ ]

DECLARATION		
Patient's Signature:		The information in this application will not be disclosed to any other person or organisation
Applicant's Signature:		Date:
Approved:	Award:	Cheque Number: