SOUTH CANTERBURY MAMMOGRAPHY SERVICES TRUST WELFARE GRANTS

The South Canterbury Mammography Services Trust is a charitable trust. Our Trustees allocate grants to women living in the South Canterbury region who are experiencing financial hardship due to a breast cancer diagnosis.

TRUST MISSION:

Funding Unmet Health Needs for Breast Care in South Canterbury

CRITERIA

1. Applicants must:
    1. have been diagnosed with breast cancer within the last three years or a recurrence;
    2. be a South Canterbury resident; and
    3. be in financial hardship due to a breast cancer diagnosis.
2. Grants are available for:
    a. products and services that may be required as a result of a breast cancer diagnosis, related surgery and/or cancer treatment (eg. wigs, prosthesis, physiotherapy through the Pinc and Steel Trust).
    b. a wide range of needs, such as childcare, clothes, household costs (e.g. food, firewood), critical bills or transport.
3. Grants are not available:
    a. for alternative therapies, medications and/or other medical and/or treatment costs.
    b. where the applicant holds an insurance policy that provides cover for the products, services and/or specific need(s) for which the grant is sought.
    c. Products, services and/or specific need(s) not related to the applicants situation of financial hardship due to a breast cancer diagnosis.

TERMS AND CONDITIONS

1. Applications must be made on this form.
2. Applications will only be accepted if:
    a. All relevant information requested in this form has been provided; and
    b. The application has been made on the recommendation of a medical practitioner or other allied health professional.
3. The Trust has the discretion to decline any application.
4. The Trust may approve grants of up to $1,000.
5. The Trust may approve grants of up to $1,500 per applicant for all welfare grant applications made by the applicant within any 3-year period.
6. When approved, grants will be paid by the Trust directly into the applicant's nominated bank account.

HOW TO APPLY

By completing the online form on our website, or by downloading the pdf form from our website and emailing to admin@scmammography.org.nz or posting to South Canterbury Mammography Services Trust, PO Box 163, Timaru

APPLICATION PROCESS

1. Once we receive your application, we will review the information you have provided and confirm to you that:
    a. Your application is complete and will be considered by the Trust; or
    b. Your application is incomplete, and the further information that is required.
2. In either case, it may be necessary for the Trust to contact you and/or your medical practitioner/health professional.
3. You will be advised within a month of the Trust's decision.
4. If your application is successful, the grant approved by the Trust will then be paid into your nominated bank account.

Our confidentiality declaration:
Your completed application will only be viewed by the Trustees of the South Canterbury Mammography Services Trust and the Trust's Administrator and kept confidential.

APPLICATION FORM

PART 1: (Applicant to Complete)

Details of Applicant

Name	
Date of Birth	
Residential Address	
Phone	
Email	
GP/Practice	
Date of breast cancer diagnosis	

How does your financial hardship relate to your breast cancer diagnosis?	
What do you propose to use the grant for? (please give full details)	
Do you hold a Community Services Card?	Yes/No
How much are you applying for?	$
Do you hold an insurance policy (e.g., medical insurance, trauma cover, income protection cover) that provides cover for the products, services and/or specific need(s) for which a grant is sought?	Yes/No
Have you received financial assistance from another source (eg Cancer Society)?	Yes/No
If you answered yes to the above question:	
• how much did you receive?	
• who was it from?	
• what was it for?	
Would you like to add any further information?	
Details of your Bank Account for Grant payment (if approved your grant will be direct credited to this account)	
Bank Account Name	
Bank Account Number	
Application Date	

PART 2: (Health Professional to Complete)

Referring Professional Contact Information	
Name	
Profession	
Phone / Email	
In my opinion, as far as I am aware, the financial resources of the applicant and her family are limited, and her diagnosis of breast cancer is likely to result in genuine hardship. (Please confirm)	

Office Use Only					
Application Code	Date application received	Date application reviewed and applicant advised of receipt	Decision	Date applicant informed of decision	Date grant paid
			Approved / Declined		

APPROVAL OF THE WELFARE APPLICATION FORM

Adoption Date: October 2021

Last Reviewed: March 2024

Review: Triennial

JDoyle

Signature

The Chair of the Trust