

A few examples of how we can help:

| | |
|---------------------------|-----------------------------|
| Mobility equipment x♥x | Family days out x♥x |
| Home Help x♥x | Wig x♥x |
| Travel insurance x♥x | Will writing service x♥x |
| Weekend break x♥x | One-off treat x♥x |
| Counselling funding | Medical equipment |



A fund to help local young adults with life-limiting conditions

karensbigsmiles.org
enquiries@karensbigsmiles.org

Registered address

29 South View
Downley, High Wycombe
Bucks HP13 5UL

01494 451279

Admin use only: v.1.03 August 2019

Date received: / /

Signature:

We respect your right to privacy. Your details will be held securely and we promise never to sell or rent your data unless required to by law. For full details of our privacy policy please go to;

www.karensbigsmiles.org.uk



A fund to help local young adults with life-limiting conditions

Can we help you?

Karen's Big Smiles Charity Trust was created by the friends of Karen Jenkins in order to promote awareness of a very rare form of cancer from which she suffered called Pseudomyxoma Peritonei (PMP) and to help local young adults between the ages of 18 and 40 who are living with life-limiting conditions.

Are you 18-40?

Are you a resident of Bucks, Berks or Oxon?

Are you living with or caring for someone with a life-limiting condition?



Charities that we work alongside

MACMILLAN
CANCER SUPPORT
 RIGHT THERE WITH YOU

Rennie Grove
Hospice Care
 Care based around you

South Bucks Hospice
 at Butterfly House
 Outpatient care enhancing quality of life

Eligibility

You will need to ask a medical professional who knows you and is involved in your treatment (e.g. a doctor, nurse or hospice worker) to fill in the relevant section of the form.

Please return the application form by post as we require your signature and that of your medical professional:

29 South View, Downley, High Wycombe, Bucks HP13 5UL

All applications will be acknowledged by us within 14 days of receipt.

Distribution of Funds:

You must be a permanent resident of Buckinghamshire, Berkshire or Oxfordshire aged between 18 and 40 AND satisfy at least ONE of the following conditions:

1. Life-limiting condition:

- receiving active treatment on the date your application is received by Karen's Big Smiles Charity Trust
- palliative care
- terminal prognosis

2. Advanced stages of progressive, life-threatening conditions, such as:

- muscle-wasting diseases
- diseases of the nervous system
- auto-immune disorders
- neurological conditions
- chronic organ-specific conditions

You must meet the above criteria at the time of application.

Each application will be assessed on its own merit. Eligibility for charity support will be determined regardless of race, colour, sex, religion, national origin or sexual orientation.

Application Form

Title: Mr Mrs Miss Ms Other _____

Name: _____ Date of Birth: / /

Address: _____ Male Female

Telephone: _____

Postcode: _____ Email: _____

National Insurance Number: _____

Ethnic origin: Karen's Big Smiles Charity Trust aims to ensure equality of opportunity and treatment to applicants from all ethnic groups. Please indicate your ethnic group below:

| | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| A. White | | B. Mixed | |
| British | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| Other White background | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> |
| | | Other Mixed background | <input type="checkbox"/> |

| | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|
| C. Asian or Asian British | | D. Black or Black British | |
| Indian | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | African | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Other Black background | <input type="checkbox"/> |
| Other Asian background | <input type="checkbox"/> | | |

| | | | |
|----------------------------------|--------------------------|-------|--------------------------|
| E. Chinese or other ethnic group | | | |
| Chinese | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Purpose of application: Please give as much detail as possible about the support you would like to receive (this may be in the form of a one-off financial donation to help with any immediate needs; a one-off financial donation to fulfil a lifetime dream; the purchase of a specific piece of equipment to enhance quality of life).

Please see our eligibility criteria. If you need additional space for your answers, please include them on a separate sheet and send them back with this application form.

Medical Condition: Please describe briefly your medical condition and any special needs you have e.g. dietary requirements, specialised equipment, mobility issues, etc.

Declaration of applicant: I certify that the information given on this form is correct. I give my full consent for the stated professional below to discuss my application with Karen's Big Smiles Charity Trust as is necessary and I understand that this discussion will remain confidential.

Signature: _____ Date: / /

Details of Professional Contact: Karen's Big Smiles Charity Trust will wish to speak to a professional connected with you to discuss your application. Please ask a relevant professional person (e.g. your Macmillan nurse, Iain Rennie nurse, support worker at South Bucks Hospice, consultant, GP etc) to complete and sign the following section. All information will be regarded as strictly confidential.

Name: _____

Profession and Qualification: _____

Contact details: _____

Contact phone number: _____

Supporting information:

Please detail relevant information in support of the application.

Declaration of professional: I certify that the information I have given on this form with respect to the applicant is correct.

Signature: _____ Date: / /