



SOCIAL WELFARE GRANT APPLICATION FORM

(This Information is given & received in strict confidence.)

Please complete this form and post to **DATA Accommodation Subcommittee, P.O. Box 159, Forest Hill 3131.** or send by email to info@datavic.org

Date of Contact:

Renal Patient's Details:

Mr/Mrs/Ms First Name Surname

Address

Suburb or Town State..... Post Code

Telephone (Home) Business Mobile

Email.....

Type of Treatment: ESRF - Haemodialysis - PD - transplant (Please circle)

Hospital:

D.A.T.A. Member: Yes No

Patient's Family Details: (Married, Single, Partner, Children Etc.)

Financial Situation: Income Earner Invalid Pension
Sickness Benefit Carer Payment
Other (please provide details)

Purpose of Grant: (If insufficient room, please attach additional sheet)

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Please attach bills to be paid (include pages with payment option details).

Has a Previous Grant been made? Yes No

Name of Social Worker:

Signature:

Date:..... Hospital Ph S/Worker's Pager No.

D.A.T.A OFFICE USE ONLY.

Authorised by: Welfare committee:

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Date