**APPLICATION FOR SUPPORT**

Antics supports children and young people up to the ages of 18 who are under treatment for Cancer, have a sibling or parent under treatment or have suffered bereavement of a sibling or parent through Cancer.

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| **Date of Application** |  |
| **Name of person submitting the Application** |  |
| **Your relationship to Child/Young Person you are applying for** (i.e Parent/friend/Social Worker/CLIC Sargeant) |  |
| **Name of Child/Young Person you are applying for** | **.** |
| **Date of Birth of Child/Young Person** |  |
| **Address of Child/Young Person** |  |
| **Brief history of the current situation of the Child/Young person**  (Why you are applying for financial support from Antics)  *Please continue on the back of this form if needed* |  |
| **Relief sought**  (How would you use the financial aid?)  *Please continue on the back of this form if needed* |  |
| **Amount of financial aid applied for** | £ |
| **Delivery Details (if an item is being sent to you) You must include the following:**  **Delivery Address**  **Delivery Contact Details for the person receiving the item including phone number**  **Best time of day/week for delivery** |  |

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| **Name and Address of Referee**  This must be the Childs/Young person’s current Doctor/Specialist/Social Worker or CLIC Sargeant. No other referee will be accepted. |  |
| **Profession of Referee** (Doctor/Specialist/Social Worker or CLIC Sargeant) |  |
| **Telephone Number of Referee** |  |
| **Signature of Referee** This must be SIGNED by the Childs/Young person;s current Doctor/Specialist/Social Worker or CLIC Sargeant |  |
| **Signature of Child/Young Person’s Parent or Guardian** |  |

**Please also send a copy of your application to** [**hannahlacosta@rocketmail.com**](mailto:hannahlacosta@rocketmail.com) **who will action your request.**

Antics aim to respond to applications within 21 days of receipt. Please note we are a small charity and our funds are limited.