



WELFARE GRANT APPLICATION FORM

PATIENT DETAILS *(Please tick as appropriate)*

Name <i>(as in NRIC)</i>		Mr	Mrs
		Miss	Mdm
		Others	
Home Address		Gender	
		Male	Female
		Date of Birth <i>(DD/MM/YY)</i>	
Email		Home Tel	
		Mobile Tel	

APPLICANT DETAILS *(Please tick as appropriate)*

Same as above <i>(I am applying for myself)</i>	Yes	No
	<i>If Yes, please move on to Next of Kin Section.</i>	<i>If No, please proceed to complete ALL Sections of this form.</i>
Name <i>(as in NRIC)</i>		Relationship
Email		Home Tel
		Mobile Tel

NEXT OF KIN DETAILS

Name <i>(as in NRIC)</i>		Relationship	
Email		Home Tel	
		Mobile Tel	

MEDICAL CONDITION

Date diagnosed with brain tumour	
Name of hospital where patient received or is receiving treatment	
Consultant's Name	



PERSONAL FINANCES *(Please tick as appropriate)*

If you are single, do you have more than \$5,000 savings?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
If you are not single, do you have more than \$7,500 savings?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Do you receive Medifund assistance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Total monthly household income per person						
For households without income, please state your property's annual value (AV)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	N/A

I declare that the above contains a full and true account of the whole of my income from all sources.

APPLICATION DETAILS *(Please tick as appropriate)*

Amount (\$) of grant applied for

Purpose of grant application. *Please use a separate continuation sheet if necessary*

Apart from the BTSS Welfare Grant, have you applied for any other financial support to cover the same needs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Yes, please provide full details:



DECLARATION

I hereby declare that all the information provided in this form is true, correct and accurate to the best of my knowledge that if any of the information provided in this form is false or inaccurate, I will be liable to repay in full any financial assistance granted. By submitting this form to BTSS, I hereby warrant that all the information I have submitted in this form is true and accurate to the best of my knowledge. I further understand that any personal data which I have provided in this form may be processed by BTSS or any of its vendors and/or subcontractors (“BTSS’s connected entities”) and I expressly consent to such processing for the purposes as set out in BTSS’s Privacy Policy (<https://www.braintumoursociety.org.sg/privacy-policy/>).

I also warrant that I have obtained all necessary consents from any third parties for BTSS to disclose any personal data belonging to such third parties as well as for the onward disclosure or processing of such third-party personal data by BTSS.

I understand that any personal data disclosed by me herein will be retained by BTSS and its connected entities as long as any of the purposes set out in BTSS’s Privacy Policy remain valid.

Applicant’s Name

Applicant’s Signature

Date

Grant Reference
(Office use only)

SUPPORTING SOCIAL WORKER DETAILS *(Please tick as appropriate)*

Name <i>(as in NRIC)</i>		Mr	Mrs
		Miss	Mdm
		Others	
Hospital/ Clinic Name			
Address			
Email		Mobile Tel	
		Office Tel	
I agree to endorse this application made by		Date	

Please acknowledge that in signing this endorsement, BTSS may contact me directly for further details regarding this application.

Social Worker’s Signature

Date



Please return completed form via email to admin@braintumoursociety.org.sg or mail it to:

Brain Tumour Society (Singapore) Limited

10 Raeburn Park #02-08 S(088702)

TERM & CONDITIONS

All BTSS Welfare Grant applications are reviewed and subject to approval by the BTSS EXCO.

1. Any grant awarded will not exceed \$2,800.
2. For household with income, the household income per person must be \leq \$1,800.
3. For household without income, the Annual Value of Home must be \leq \$21,000.
4. BTSS at its sole discretion reserves the right to question the applicant on the information provided, and request further details from the person endorsing the application either by way of a telephone enquiry or written communication.
5. BTSS will not award a grant to cover the medication costs or any hospital treatments, nor to reduce financial debts other than difficulties faced in meeting utility bills.
6. Only one award per household will be made in any given 12-month period for a maximum of 3 consecutive years.
7. BTSS cannot accept any responsibility whatsoever for an application lost or delayed by any mail delivery service.
8. Grants awarded are to be used for the sole purpose for which the application was made. Written notification to BTSS is required for any change in purpose and is subject to approval.
9. On confirmation of the awarding of a grant, all payments, where possible, will be made directly to the supplier of the service by BTSS. If this is not possible, the claimant will be required to provide BTSS with either the originals, or copies of all documents to support the expenditure.
10. BTSS will report to the relevant authorities if it suspects that there have been any attempts made to obtain a grant in a fraudulent manner.
11. Following the awarding of a grant BTSS will not, without written consent, use the applicant's details for any publicity or show details within any printed matter or online.
12. We will include, but will not show individual detail, the total sum of money made available under our welfare grant scheme in the BTSS annual report and accounts. Applicants may however share information about the grant with any parties of their choice.
13. BTSS will not enter into any verbal or written discussion should it decide not to award a grant, other than to notify the applicant that they have been unsuccessful.
14. BTSS decision is final and not subject to appeal.
15. All applicants must reside in Singapore – the BTSS Welfare Grant is restricted to Singapore Citizens and Permanent Residents.
14. BTSS will retain within its secured database details of all grant applications made. Such information will not be disclosed to any third party unless a request is made by an authority entitled to demand the information from BTSS.