



THE AID FUND for Christian Scientists In Need of Nursing Care

Address: PO Box 98, Cockermouth, Cumbria CA13 3BL
Email: theaidfund@gmail.com

Telephone: 07910 339726
www.csaidfund.org.uk

APPLICATION FOR A GRANT

FOR PRIVATE DUTY CHRISTIAN SCIENCE NURSING CARE

To: **The Trustees of The Aid Fund for Christian Scientists in Need of Nursing Care**

SECTION 1: TO BE COMPLETED BY THE APPLICANT OR THEIR PERSONAL REPRESENTATIVE

Applicant's Name (printed)

Applicant's Address

Details of Request for Grant

(This form can cover more than one invoice, please attach copies of signed invoices in support of this request)

Grant relates to invoice/s for the period
(date range covered by invoice/s)

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AMOUNT OF GRANT APPLIED FOR

£

Total amount invoiced

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Less: Amounts not covered *

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Less: Amount paid by Applicant

Balance Applied for as a Grant

£

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Applicant's signature & date:
(or signature of personal representative)

DATE:

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* for guidance on what can be included, please see the Applicant Information Guide on www.csaidfund.org.uk

SECTION 2: TO BE COMPLETED BY THE CHRISTIAN SCIENCE NURSE

(listed in the Christian Science Journal)

Christian Science nurse's name (printed)

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I confirm that the above details are correct and relate to an individual in need of Christian Science nursing care for the period, and who was relying entirely on Christian Science for healing and unable to meet the full amount of my charges.

I confirm that the individual is receiving treatment from a Christian Science practitioner listed in the Christian Science Journal.

Christian Science nurse's
signature

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Both pages of this form must be submitted to the secretary of The Aid Fund, accompanied by copies of invoices which have been signed by the applicant or their personal representative.

Personal Privacy Notice: Since 25th May 2018 the General Data Protection Regulation (GDPR) governs the holding of personal information. We have a Data Privacy Policy that sets out how we handle your data and explains your rights under the law. This is published on our website at www.csaidfund.org.uk, or is available on request. Please let us know if your contact details change.



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APPLICATION FOR A GRANT (continued)

SECTION 3: TO BE COMPLETED BY THE CHRISTIAN SCIENCE NURSE

If the payment is to be made by BACS:

Bank Name:	
Exact name of account holder:	
Branch Sort Code: ____ - ____ - ____	Account Number:

If the payment is to be made by CHEQUE:

Cheque payable to:
Address to send to:

INSTRUCTIONS FOR COMPLETION

1. Section 1 must be completed and signed by the applicant, or their personal representative if the applicant is unable to complete the form themself.
2. A family member or close friend can act as a personal representative, they do not need to be legally appointed. Sections 1 and 2 should not be signed by the same person.
3. Section 2 must be completed and signed by the Journal-listed Christian Science nurse in charge of the case. This should only be done once Section 1 has been completed by the applicant (or personal representative).
4. Section 3 must be completed by the Christian Science nurse. Payment will be made directly to the Christian Science nurse.
5. A copy of all invoices to which the form relates must be attached in support of the total amount requested. Each invoice must show clearly the hourly or daily rate charged (as appropriate) as well as any mileage rate charged. It must also show clearly the number of hours/days/miles that the invoice relates to.
6. Once approved, a letter will be sent to the applicant confirming the amount of the initial grant to be paid to the Christian Science nurse. If more than one request for a grant is submitted, The Aid Fund may write to the applicant periodically, and advise the applicant of the total amount granted for Christian Science nursing care.
7. If less than the full amount applied for has been granted, the applicant and the Christian Science nurse will be advised of this.
8. In some limited circumstances, a grant may be made for the costs of Christian Science nursing provided by an individual who is not listed in the Christian Science Journal. Such request will be assessed on a case by case basis, and the individual providing Christian Science nursing care must be mentored by a Christian Science nurse who is listed in the Christian Science Journal. The secretary to The Aid Fund should be contacted as soon as possible if a request is likely to be made for a grant to cover any portion of Christian Science nursing costs in these circumstances.
9. Grants and payments are processed once a month. Forms received prior to the 10th of the month will usually be processed and paid by the end of that month. Forms received after that date will be processed and paid in the following month.

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