



# THE AID FUND for Christian Scientists In Need of Nursing Care

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## APPLICATION FOR ASSISTANCE

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

I wish to apply to The Aid Fund for assistance. I am in need of nursing care, am relying entirely on Christian Science for healing, and am unable to meet the full amount of the charges for Christian Science nursing.

All information given below is correct and complete to the best of my knowledge and belief.

Full Name

Full Home Address

Tel No

Email  
(if any)

Signature

Date

**Following a decision by the trustees of The Aid Fund, the means test has been removed from the Application for Assistance.**

This means that independent of an individual's personal financial circumstances, if an individual is receiving Christian Science nursing care and wishes to receive funding from The Aid Fund, please do apply using this application form.

You can refer to our Application Information Guide for an outline of the costs The Aid Fund is able to cover. We also invite you to consider if you are able to make any contribution to the cost of the Christian Science nursing care you receive.

Please indicate here any amount you would like to contribute to the cost of your Christian Science nursing care?

£

*Note 1: Christian Science nursing care is given as per the Christian Science nursing Scope of Services and working with a Journal-listed Christian Science Practitioner*

*Note 2: A Christian Science practitioner and a Christian Science nurse each listed in the Christian Science Journal must approve this application before it is sent to the secretary of The Aid Fund.*

**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](http://www.csaidfund.org.uk), or is available on request. Please let us know if your contact details change.



**APPLICATION FOR ASSISTANCE**

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

Details of family and financial circumstances of the applicant relevant to this application:

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I am acquainted with \_\_\_\_\_ and I support this application.

**I am a Journal-listed Christian Science practitioner**

Christian Science Practitioner's Name

Address

Tel No

Email  
(if any)

Signature

Date

/ /

**I am a Journal-listed Christian Science nurse**

Christian Science Nurse's Name

Address

Tel No

Email  
(if any)

Signature

Date

/ /