Cancer Care Circle Micro-Grant Request Form

Practical support for eligible people affected by cancer within our region

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About Cancer Care Circle Micro-Grants

Cancer Care Circle Micro-Grants provide timely, practical financial assistance to eligible people affected by cancer within our region.

Applicants may request funding of **up to $350**. Each request is considered individually, with care, compassion and respect. The amount approved will reflect demonstrated need, supporting documentation and available funding.

Funding may provide the full amount requested or a partial contribution towards an eligible expense. For example, where an eligible expense is **$180**, a Micro-Grant may provide **$180**, rather than the maximum available.

Our aim is to direct community generosity into meaningful, practical support for as many eligible local people affected by cancer as possible.

Applicant Details

Full Name *

Date of Birth *

Residential Address *

Phone Number *

Email Address *

Cancer Information

Cancer Diagnosis *

e.g. Breast cancer, Squamous cell carcinoma

Current Cancer Treatment *

Please include any chemotherapy, immunotherapy, targeted therapy, radiation therapy, surgery or other current treatment.

Current Treatment Status *

Associated Physical & Systemic Side Effects

Select all that apply.

- [ ] Fatigue / Exhaustion
- [ ] Anxiety / Distress
- [ ] Difficulty concentrating / focus
- [ ] Ototoxicity / Hearing changes / Tinnitus distress
- [ ] Pain
- [ ] Peripheral neuropathy

Treating Hospital or Specialist *

Date of Upcoming Procedure

Upcoming Procedure, Imaging, Treatment or Related Need

Micro-Grant Request

What practical expense are you requesting assistance with? *

Total Cost of Expense ($) *

Amount Requested from Cancer Care Circle ($) *

Maximum request: $350. Please request only the amount required for this expense.

Please detail why direct financial support is required *

Please outline the specific financial barriers, out-of-pocket costs or circumstances relevant to this request.

Please tell us how this support would assist you

Supporting Documentation

> Please attach any relevant supporting documentation, such as medical invoices, quotes, appointment letters, pathology reports, imaging requests or other documentation relevant to your request. These can be attached when emailing your completed Request Form.

Declaration & Consent

☐ **I declare that the information provided is true and correct to the best of my knowledge. I understand that each Request Form is treated confidentially and assessed individually by the Cancer Care Circle Initiative.**

Please save or print this completed Request Form and email it, together with any supporting documentation, to:

gina@comprehensivecancerinitiative.org