



Supporting Paediatric Liver and Intestinal Transplantation (SPLIT) Grant Application Form

PERSONAL INFORMATION

Parent/carer telephone No.		Mobile No.	
Child's usual residence (insert x)	England	N. Ireland	Scotland Wales
First 3 letters of post code		County	

DETAILS OF CHILD ADMITTED TO HOSPITAL

Name of Hospital		Child's NHS no.	
Child's Initials..... Child's Circumstances Please put an x next to category (ies) which apply	Age in years	Gender	
		liver disease recently diagnosed	
		liver disease present for more than 6 months	
		intestinal disease recently diagnosed	
		intestinal disease present for more than 6 months	
		living with transplanted organ (liver and/or intestinal)	
		I am claiming means tested welfare benefits such as JSA, IS	
Expected Length of Stay		Amount in GB pounds requested	

Assistance Required (please provide as much information as possible including details of medication and exact cost if the application is for equipment)

This condition must be verified by a health professional and marked as such here:

Signed: Ward/Department:.....

Name in capitals Role:.....

Name of Hospital. Contact email

Professional registration no. (eg NMC, GMC)

DECLARATION AND DATA PROTECTION STATEMENT

SPLIT will protect your personal data and never pass it to anyone else without your consent. You have the right to withdraw your consent to hold your data at any time. You have the right to 'be forgotten' and have all information on you securely destroyed. In order for us to process your application, we need your permission to hold and process your personal data. Our privacy policy can be viewed on our website. **Please put an x in the boxes below to indicate your consent:**

I authorise SPLIT to hold and process my data as part of the assessment process for providing me with help	
I acknowledge that SPLIT will hold my details for up to 7 years to meet their HMRC obligations	
I authorise SPLIT to hold my bank details so that they may make payments to me by BACS.	
I agree to receive periodic updates from SPLIT on their services and events that may affect or interest me.	

Applicant Signature:	Date:
----------------------	-------

Applicants relationship to child	
Bank Details for BACS Payment Account Number:	
Name of Bank and Sort Code:	

Once complete please scan and e-mail this form to info@splituk.org

SPLIT is a charity registered in England and Wales Reg No. 1111945 Website <https://splituk.org>