

AUSTRALIAN CERVICAL CANCER FOUNDATION
ORANGE HEARTS HELP PROGRAM APPLICATION FORM

Section A: Applicant details- (Current and where you can be easily contacted)	
Surname:	Given Name/s:
Address:	Phone No:
	E-mail:
If you are being helped to apply, share your helper's details and you give consent to the helper to share your information with ACCF	Helper's Name:
	Helper's Organisation & Role
	Helper's Phone No:
	Helper's Email Name:

Section B: Confirming All Eligibility Criteria
Check the box for Date deadline you are lodging your application by: <input type="checkbox"/> 31 st March <input type="checkbox"/> 31 st July <input type="checkbox"/> 30 th November
Check the box which is correct for you: <input type="checkbox"/> I am an Australian Citizen/Permanent Resident or <input type="checkbox"/> I am Not an Australian Citizen/Permanent Resident and I am in Australia being treated for cervical cancer. I will lawfully remain in Australia until at least (day/month/year)/...../..... which is more than 3 months after the date I signed this application.
Check any boxes which are correct for you: <input type="checkbox"/> I have been diagnosed with cervical cancer and my treatment is still ongoing. <input type="checkbox"/> I have limited financial resources or support available to me. <input type="checkbox"/> Because of my diagnosis and treatment, the income I get has reduced and/or I must now spend more on living costs or medical and other related costs.

Section C: Your Health Journey details
You give consent to your doctor/clinic/hospital to share your information with ACCF if needed.
Can you please share your initial Cervical Cancer Diagnosis? And Date?
Doctor/clinic/hospital giving diagnosis: Name:

Address: Phone:
Can you please briefly share your treatment plan and expected timeframe?
Doctor/clinic/hospital giving your ongoing treatment: (if different details from diagnosis) Name: Address: Phone:

Section D: Supporting Statement with factual details

Grant can be used for all reasonable living costs eg rent, utilities, food, fuel, clothing, school needs etc also medical related costs eg doctors, medicines, transport, parking & accommodation etc. It must not be used for tobacco, vapes, alcohol, gambling or illegal substances.

Please give specific details so your eligibility and (if successful) the amount of grant can be considered.

Reduced income resulting from diagnosis & treatment:

Briefly please tell us your circumstances (eg I have to reduce work by 20 hours each week at my pay rate of \$30/hr so I am losing \$600/week for the next 2 months)

- 1.
- 2.

Increased costs resulting from diagnosis & treatment:

Briefly please tell us your circumstances: (eg unpaid medical bills of \$500, Traveling and parking to get to appointments \$40 every 2 weeks, medications cost \$80/wk for next month, need accommodation away from home for treatments \$200/night for 5 night etc)

- 1.
- 2.
- 3.

Other unexpected costs resulting from diagnosis & treatment:

If you wish, please briefly tell us about other circumstances we should know about:

- 1.

Attachments if any (please list)

Please attach any documents you wish to share supporting your application.

- 1.
- 2.

Declaration (to be signed by applicant)

- I confirm that I have read and agree to the Orange Hearts Help application guidelines and conditions above and at ACCF.org.au and I believe that I am eligible and have no intention to be legally bound.
- The information I have provided is true and accurate. This serves as consent to allow my doctors, clinics hospitals or health providers to share my health information with ACCF if needed to confirm diagnosis, treatments, prognosis and timeframes.
- I agree to give Australian Cervical Cancer Foundation copyright to share my story and any images through Australian Cervical Cancer Foundation media and other channels if requested at no fee or charge to Australian Cervical Cancer Foundation.

Applicant Name:	Applicant Signature	Date	
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