

# St. Cyril Initiative for Patient Support S.C.I.P.S Patient Application Form

Thank you for your interest in **St. Cyril Initiative for Patients' Support (S.C.I.P.S)**

The information you provide will be stored in confidence. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

## Personal Details

Name: \_\_\_\_\_ Mr. Mrs. Miss. Ms.

Address: \_\_\_\_\_

Local Govt. \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth-date: \_\_\_\_\_  
Day / Month / Year

If you are on treatment and an emergency arises, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## DIAGNOSIS & HISTORY:

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**CURRENT STATUS:**

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**COSTING DATA FOR SPONSORSHIP**

**CHEMOTHERAPY DRUGS REQUIRED:**

<b>DRUGS</b>	<b>NO. OF COURSES</b>	<b>UNIT COURSE</b>	<b>TOTAL</b>

**OTHER TREATMENTS:  
RADIOTHERAPY**

**SURGERY**

**TOTAL AMOUNT:**

**CONSULTANT SIGNATURE:**

**NAME:** \_\_\_\_\_

**2. Why do you need financial help now? What has motivated you to get in touch with us?**

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Are you applying for a specific amount? Yes No

If yes, please specify amount in Naira \_\_\_\_\_

9. How did you find out about volunteering with St Cyril Cancer Treatment Foundation?

Information / Outreach meeting  
St Cyril Foundation Website  
Leaflet / Poster  
Word of Mouth  
Internet www.\_\_\_\_\_  
Other \_\_\_\_\_  
Boardmatch  
Media Radio / Television / Newspaper

### References

1.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Position: \_\_\_\_\_  
(If applicable)

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

If you have any queries when completing this application form, please phone +234 814 032 2025 or e-mail [info@stcyrilfoundation.org](mailto:info@stcyrilfoundation.org) If you would like to find out more about St Cyril Cancer Treatment Foundation, log onto our website [www.stcyrilfoundation.org](http://www.stcyrilfoundation.org)

Equal Opportunities

St. Cyril Cancer Treatment Foundation is committed to equal opportunities and all patient application decisions will be based on merit and suitability . All decisions will not be influenced by race, colour, nationality, religion, sex, marital status, family status, sexual orientation, disability or age .

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true and I agree to abide by the terms and conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For office use only	Notes
Completed form _____	
Completed Interview _____	
References Collected _____	
Decision _____	