

IN CONFIDENCE WHEN COMPLETED

LADY GROVER'S FUND

Mountbarrow House, 6-20, Elizabeth Street, London, SW1W 9RB

FORM OF APPLICATION FOR BENEFIT

To be completed and returned to the Secretary with ALL receipted bills

1. **NAME & INITIALS OF MEMBER (Rank, Mr, Mrs, Miss, Ms)**.....

Date of Birth..... /..... /..... Postcode.....email.....

Bank to which you wish the Grant to be credited. SORT CODE.....A/C NUMBER.....

2. **BENEFICIARY for whom Application is being made. If SELF, insert SELF in Relationship**

Name Relationship Date of Birth /..... /....

3. **MEDICAL CERTIFICATE, stating the complaint, appropriate level of care and likely duration, to be completed and signed by a relevant specialist. If a specialist is not involved in the treatment, or where the GP has an earlier diagnosis from a specialist, a GP's signature is acceptable.**

.....
.....

.....**Signature of Doctor**

Practice Address

4. **EXPENDITURE.** Please give actual dates:- £ p

(a) **Nursing Home or Hospital Accommodation**

From to (.....weeks.....days) @ per week

(b) **Home Nursing** support employed

From to (.....weeks.....days) @ per week

(c) **Convalescence**

From to (.....weeks.....days) @ per week

(d) **Home Help**

From to (.....weeks.....days) @ per week _____

TOTAL _____

5. **EX-GRATIA PAYMENTS**

If the applicant wishes to be considered for an ex-gratia payment in addition to the foregoing claim, please state on a separate sheet:-

(a) nature of special circumstances constituting financial hardship;

(b) if advantage has NOT been taken of the facilities available under the National Health Service, or provided by the Medical Services of the Forces, the reason why.

6. **OTHER INSURANCE**

If benefit is being claimed under any insurance from any other Society or Company in respect of any of the Nursing expenses mentioned in paragraph 4 above, state:-

(a) Name of Society or Company and Personal Reference No. if known

(b) Amount of compensation received, or expected (if known), solely in respect of the above Nursing expenses:-

.....

Date.....**SIGNATURE OF MEMBER**.....