With Love, Emma

Application Form

Everyday Grants - A brain tumour diagnosis comes with unexpected costs. Our Everyday Grant provides £350 in financial assistance to help with daily expenses, including travel costs for medical appointments, household bills, and other essentials. We want to relieve some of the financial pressure, so you can focus on what truly matters—spending time with your loved ones.

Medical Grants - Our Medical Grants of up to £2,000 provide funding for people diagnosed with a brain tumour who need access to private treatments, specialist doctors, or NHS-recognised alternative therapies. If you or a loved one needs medical care that isn't readily available through the NHS, we're here to help ease the financial burden, which can help you gain access to a wider range of healthcare options.

Making Memories - When time is precious, every moment counts. We help families create lasting memories through special treats, including weekend breaks, day trips, thoughtful gifts, and acts of remembrance. Whether it's a family holiday or a small but meaningful gesture, we want to help you cherish every second with your loved ones.

Making Memories

Please complete the following information to enable us to consider your application. We use this information to verify that your application meets our grant criteria and to help the trustees assess the level of grant to provide.

Application Criteria:

- You or a family member have been diagnosed with a Brain Tumour.
- Live in England or Wales

Applicant Details:			
Name:		**DOB:**	
Contact Email:		**Contact Number:**	
Address:		**Relationship to Patient:**	
Please give reasons as to why you are completing this application form on behalf of the applicant (I.e., parent/guardian of applicant under age 18, or 'Other' (please provide further details)			
Patient Details (if different from applicant)			
Name:		**DOB:**	
Contact Email:		**Contact Number:**	
Address: If different from above		**Date of Diagnosis:**	

Details of Diagnosis: Please include tumour type, location, grading and current NHS treatment plan.	

Details of Consultant: (we will not contact your clinical team unless discussed and approved by you first)

Hospital Name & Address:	**Consultant/Clinical Nurse Info:** Name: Email: Contact Number:

Please tell us which support you are applying for (you are entitled to apply for all three if this is needed)

Everyday Grant		**Medical Grant**		**Making Memories**	

(For Everyday Grant only) What will the grant be spent on? (i.e. travel to hospital appointment, food shopping, daily living expenses etc)

(For Medical Grant Only) Please tell us about the treatment/therapy/other costs this grant will help fund (such as the type of treatment, the total cost of treatment etc)

(For Medical Grant Only) Treatment Centre Details: (we will not contact your clinical team unless discussed and approved by you first)

Hospital/Clinic Name & Address:		**Consultant/Clinical Nurse Info:** Name: Email: Contact Number:	
Treatment Start Date:		**Expected Treatment End Date:**	

(For Medical Grant Only) Please tell us the reason you are applying for this Medical Grant (for example treatment not available on NHS or unable to fund yourself etc)
Making Memories – Please tell is a little about how we could help you make those precious memories?
How will our support help you and your family?
Please provide details of any other relevant information including personal, social or other circumstances that will help us make a full assessment of your need(s)
Grant Payment:
Payment for our Everyday Grants are paid directly to the applicants/patient's bank account. Please provide your bank details below.

Payee Name:		Bank Name	
Account Number:		Sort Code:	

Payment of our Medical Grants is either paid directly to the treatment centre that is carrying out your treatment or to a Crowdfunding page that has been set up specifically to raise funds for the treatment included in this application.

Crowdfunding Link:	
Details of Social media pages set up to help fundraise	

Please read and agree to the following statements by signing below:

* I confirm that all the information provided is accurate to the best of my knowledge.
* I confirm the intention for funds granted to be used in line with the purpose stated herein.
* I consent to With Love Emma using the information & data included on this application form for the purpose of administering and recording this grant and analysing, reviewing, and reporting on this service.

Signature:	
Date:	

Verification Documents:

Please provide a photo or scan of the following items to verify the information you have provided:

- A hospital letter confirming the patient's Brain Tumour diagnosis and containing the name and address of the patient.
- A letter from the treatment centre confirming your proposed treatment plan containing the name and address of the patient. (For Medical Grants only)

Please email a completed application form along with copies of your verification documents to support@withloveemma.com

What Happens Next:

- Once we receive your application and verification documents our trustees will look through your application carefully. Please note this process can take up to 7 working days.
- We love speaking with the families we're hoping to help, so our grants coordinator (Emma's Mum) may contact you if there anything on your application we need to verify.
- If accepted for a grant you will receive a Grant Proposal letter via email, which you will be asked to read, sign and email back.
- Once the signed Grant Proposal has been received, we will arrange for funds to be donated to your crowdfunding page or we will arrange payment directly to the treatment centre.
- If your application is unsuccessful, we will contact you giving the reasons why, however, we will always review your application to see if there is any other way we can help.
- When making decisions on individual applications, please note that the decision remains at the full discretion of the Trustees of WITH LOVE EMMA charity.

Thank you for your application.