

Victoria Hospitals Incorporated

Grant application for medical or medically related expenses.

By completing and submitting this form, you confirm that this information is accurate and agree that Victoria Hospitals Incorporated can use the details that you give us to process your grant application, including any sensitive information such as details about your health.

You may complete the application on behalf of someone else only if they have given you explicit permission to do so.

You can find out more about how we will use your information in our privacy statement which can be found online <https://vhi.org.gg/privacy-statement> or by post from:

VHI Honorary Secretary, La Taniere des Renards Clos du Fillage, St Saviours Guernsey GY7 9PL

Mobile: 07781 126231

Email: admin@vhi.org.gg

Applicant

First name

Last name

Date of Birth

Address

Telephone

Mobile number

email address

Occupation

Spouse/Partner living with you

First name

Last name

Date of Birth

Occupation

Dependants (e.g. any child living with you)

First name

Last name

Date of Birth

What amount are you applying for? If it is for a grant for equipment, then please give an estimate. Note that if it includes doctor's bills, we are not usually able to consider any over two years old.

Please give brief details of why you are applying for this grant including any relevant medical needs. If necessary, please submit separate sheet with more information.

Please include a summary of any accident, illness or other change of circumstances that may have significantly affected your household financial situation. If necessary, please submit separate sheet with more information.

Have you applied to Social Security for help with your medical expenses? If you have been refused, what was the reason given?

Have you asked for assistance with this claim elsewhere? Please give details

Household income (self and partner)

Source	Amount(s)	Weekly or monthly?
Earnings		
Pensions		
Child maintenance received		
Income Support		
Other benefits (specify below)		

Household expenditure

	Amount	Weekly, Monthly, Annually?
Rent or mortgage including TRP and parish rates		
Maintenance payments		
Food and housekeeping		
Services (utilities, phone, transport etc)		
Sundries (clothes, household goods, haircuts) average		
Healthcare costs (GP visits, prescriptions etc)		
Loan repayments		

Do you have any outstanding debts? If so, please give brief details

It may help us help to process this application more quickly if we can contact the following.

If so, do you agree?

Social Security

Yes	
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Medical or other professional(s)

Yes	
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If Yes please provide contact details:

Claimant:

Signature:

Date:

Or if completed on behalf of the claimant

I certify that the claimant has agreed to me submitting this claim for them and that the information provided is an accurate and complete record of that provided to me by them or is otherwise within my knowledge.

Name:

Signature:

Date:

Profession and organisation: