



**Heartlands Cystic Fibrosis Centre Charity**

**SPECIFIC ITEM FOR CARE - APPLICATION FORM**

**Should you require a specific item to help improve your CF care our charity, Heartlands Cystic Fibrosis Centre, may be able to support you.**

Patient Name:.....

Address: .....

Telephone: .....Postcode.....

**Item you are applying to the charity for:**

.....  
.....

Supplier..... Cost.....

Address: .....

..... Postcode.....

(please tick)

**The item I am applying for will be solely for myself, to support me with caring for myself, general wellbeing or education.**

**I am a member of staff applying for item/s that will be used to provide supportive care, education, or to improve the service provided to patients with CF.**

**I confirm that, should my application be successful, I will provide evidence of purchase and payment. (failure to provide evidence of purchase will result in a requirement to return the donation money in full).**

Applicant's signature: ..... Date.....

Guardian (if aged under 18): ..... Date: .....

**Application approved by:** ..... **Date:** .....

**Heartlands Cystic Fibrosis Centre, Ward 26**

**Heart of England NHS Foundation Trust, Bordesley Green East, Birmingham B9 5SS**

Our charity raises funds for young adults suffering from Cystic Fibrosis. CF is a disease affecting the entire body, a progressive disability which often results in early death. Funds raised go directly to the CF Centre and help provide extra patient facilities. For further information please visit:

[www.heartlandscf.org](http://www.heartlandscf.org)