

CONFIDENTIAL

We are a Cancer Charity that provides gifts and memorable days out for families impacted by a cancer diagnosis in Barbados. To process an application on behalf of a patient, we will need a member of the oncology team to confirm the patient's diagnosis. The applicant/patient needs to fill out PART A, so we have their permission to be told details about their cancer diagnosis.

A medical professional fills out PART B, it can be any the oncology team e.g. oncologist, surgeon, chemotherapy nurse or radiologist etc We may be in touch to verify the details below.

The form MUST be signed, dated and stamped by Department and returned to the applicant for it to be uploaded and processed.

Applicants can take a copy/scan of completed form and upload when they make an application on www.BelovedCharity.org or can be emailed to admin@belovedCharity.org

Part A (to be filled out by Applicant/Patient)

I give permission for my medical team to disclose confirmation of my cancer diagnosis.

| Name of Applicant    | Date of Birth// |
|----------------------|-----------------|
| Address              |                 |
|                      |                 |
| Phone Number         |                 |
| Signature of Patient | Dated/          |

Part B (to be filled out by Oncologist/ Chemotherapy Nurse/Radiotherapy Depa)

Please confirm the following details about the applicant:

Tick where appropriate below.

My patient is currently receiving cancer treatment either surgery, radiotherapy or chemotherapy or targeted therapy or has completed treatment within the last year for cancer. Date of diagnosis \_\_\_\_/\_\_\_\_

My patient is resident in Barbados and has undergone part/all the treatment at your clinic/hospital/centre.

My patient is aware of this application and has asked me to fill out this form on their behalf.

My patient would benefit and be well enough to take a respite break/staycation at this time.

| Please select correct diagnosis below: |              |                  |  |
|--|--------------|------------------|--|
| This patient has: O Primary Cancer     | O Local Mets | Secondary Cancer |  |
| Name of Oncologist/Nurse               |              |                  |  |
| Name of Hospital/ Clinic               |              | Department stamp |  |
| Dated                                  |              | is required.     |  |
| Signed (Doctor/Nurse)                  |              |                  |  |

This form has been completed with honesty and integrity.

BeLoved Charity is a charitable association in the UK, for the advancement of health and relief of poverty of patients with cancer in Barbados