

### **To be eligible for assistance, you must meet the following criteria**

- Have a current diagnosis of cancer
  - Diagnosis received within the past 3 months or confirmed as a current diagnosis by a doctor or approved referrer.
- Currently receiving treatment for the cancer diagnosis. Treatments include surgery, intravenous chemotherapy, radiation treatment, immunotherapy, targeted therapy, hormone therapy, stem cell transplant and/or precision therapy.
- Currently live within the regions that we support. Those regions include the whole of Canberra, Queanbeyan and surrounds (please confirm location with The Cancer Support Group), and the South Coast of NSW (from Batehaven to the NSW/Victorian border).
- Be under financial stress due to the cancer treatment. This may be due to unpaid or decreased paid time off work or the extra financial burden of cancer treatment.
- Private fundraising – if there has been any private fundraising done on behalf of the cancer patient (whether online or offline); we will require proof that the full amount of the funds raised have been used before we are able to provide financial assistance to the cancer patient. At this point, the request for assistance will need to be approved by the Board of Directors of The Cancer Support Group.

### **Assistance available**

- Pharmacy account – an account opened in the name of the cancer patient with your local, regular pharmacy for over the counter and/or prescription medication required as part of the cancer treatment.
- Chemotherapy medication
- Medication supplied by the hospital as part of the cancer treatment.
- Dietician prescribed supplement drinks.
- Electricity and/or gas account.
- Food and/or petrol e-gift cards.
- Total amount of assistance available - \$2,500.

### **Guidelines for assistance**

- The assistance is available for a period of 6 months, or the length of the treatment plan from your cancer specialist, or when the cancer patient is informed that they are in remission or have passed away; whichever comes first. We will require a copy of the treatment plan using our "Treatment Plan for Cancer Patient" form signed, dated and stamped by your cancer specialist.
- The assistance is for the financial benefit of the cancer patient. Once the assistance ceases (for whatever reason), any funds that may remain available are not able to be accessed by the cancer patient or their family unless full re-registration of the cancer patient occurs.
- The Cancer Support Group is willing to open a pharmacy account through your local pharmacy and the hospital pharmacy for medication related to your cancer treatment. This account is opened in good faith that the only items charged to the account will directly relate to the patient's current cancer diagnosis. If items not directly relating to the cancer diagnosis are charged to the pharmacy account, it is the responsibility of the cancer patient to pay for those items. The Cancer Support Group will not accept any responsibility for payment of items not directly relating to the cancer diagnosis. It is the responsibility of the cancer patient or their representative to ensure only the correct items are charged to the account.
- If there is any private fundraising done by or for the benefit of the cancer patient, The Cancer Support Group will be immediately informed. At this time, the assistance from The Cancer Support Group will be suspended until such time that we receive proof that the full amount of funds from that fundraiser have been spent and the Board of Directors have given their approval.



Registration for financial assistance through The Cancer Support Group  
Please send completed form via contact details listed on Page 3

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### Privacy

- The Cancer Support Group will retain all information about the cancer patient in a secure and private location. This information is only for the use of The Cancer Support Group to enable us to provide assistance to present and future cancer patient.
- No information about the cancer patient or their situation will be discussed or passed on to any other person or organisation without the prior approval of the cancer patient or their representative.
- As part of our reporting responsibilities, we will use non-specific information regarding all our cancer patients to create our reports. This will only include the number of cancer patients registered with us, their generic location (ACT, NSW etc) and other demographic information.

### Media Guidelines

The Cancer Support Group is a registered charity and we rely on fundraising and donations to be able to provide financial support to our cancer patients. To be able to bring in the donations and fundraisers, we would appreciate if you would consider giving us the following assistance. All the funds raised will go directly to assisting you and all the other cancer patients registered with us now and in the future.

- Any testimonials or endorsements that you give us both in writing and verbally are able to be used in our advertising. This includes advertising in print, online and in social media. No personal information will be shared in this advertising without your permission.
- At times, we may require a cancer patient to speak on our behalf. This may be at one of our fundraising events or through media campaigns (print, TV, online and social media). Please indicate if you are willing to consider doing this on our behalf.
- Spread the word! The more people who know about us and the services that we provide, the more funds we are able to attract and the more cancer patients we are able to help. Please do let people know that we are providing assistance to you and how much help it is at this time.

### Family and support networks

As a charity, we are often given gifts to pass on to our cancer patients and their families. To make sure that we are able to allocate these gifts correctly, we ask that you supply us with the names and dates of birth of any children under 18 years of age that reside with you. We also want to make sure that we only discuss information about you and the assistance you are receiving with the correct people. Please list any people that are able to discuss and request assistance on your behalf.

#### **Spouse or Next of Kin**

**Phone**

**Email**

#### **Authorised Representative**

**Name**

**Relationship**

**Phone**

**Email**

#### **Children under 18**



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Cancer Patient Registration

All information will be retained as per our Privacy Policy.

First Name

Last Name

Preferred Name

Gender Male

Female

Date of Birth

Home Address

Postal Address

Phone

Mobile

Email

Cancer Diagnosis

Referred by

Name

Title

Name of Hospital or Organisation

Assistance Period

Six months

Palliative

Treatment Plan (copy enclosed)

Signature of Referrer

Date

### **Declaration**

By signing below, the cancer patient confirms that they have read through and understand the information supplied in this document regarding the assistance available through The Cancer Support Group. They also confirm that they understand and are willing to abide by the Guidelines and Criteria listed. Any changes to the information supplied above or to the assistance required by the cancer patient will be notified to The Cancer Support Group as soon as viable.

Signed

Date

Please send completed form to

The Cancer Support Group ACT Eden Monaro's Own

Post:

PO Box 1351  
QUEANBEYAN NSW 2620

Email:

admin@thecancersupportgroup.org.au

Fax:

(02) 6297 1878

In Person:

21 Cooma Street, QUEANBEYAN NSW 2620

Phone: (02) 6297 1261