

**NELSON/TASMAN CANCER SOCIETY  
COUNSELLING GRANT APPLICATION**

Patient Name: \_\_\_\_\_ Cancer Diagnosis & Date: \_\_\_\_\_

Is this application for (*please tick*):  Patient  Spouse/Partner  Family member

**Contact details**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Ethnicity:  Māori  NZ Pakeha/Caucasian  Other (state) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Spouse/Partner/Family member: \_\_\_\_\_  Lives Alone

Employed  Sick leave  Retired  Other Benefit: \_\_\_\_\_

Name and ages of any dependent children: \_\_\_\_\_

**RELEVANT HEALTH INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What assistance is requested? (*Specific details*)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Has this person received or requested support from:

Social worker/counsellor (*please detail*) \_\_\_\_\_  
\_\_\_\_\_

Any other supporting information that will assist the Cancer Society:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and position of person submitting this application on behalf of applicant: (*Must be a health professional / social worker / Cancer Society staff member*)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please confirm the proposed recipient of this Grant is aware of this application and that all information is kept securely in accordance with the Privacy Act 1993:  YES

**Note:** Anyone accepting a counselling grant is registered as a Cancer Society member.

*Please send completed form to the Nelson / Tasman Cancer Society:*

Support Coordinator: [cyndy@cancernelson.org.nz](mailto:cyndy@cancernelson.org.nz) or  
Manager: [michelle.hunt@cancernelson.org.nz](mailto:michelle.hunt@cancernelson.org.nz)  
Ph 03 539 1137

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**Cancer Society office use only**

Has a Cancer Society grant been made to this client previously? YES / NO

If yes, provide details below:

\_\_\_\_\_

This grant: Approved/Declined Date: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment arrangement (e.g. bill payment (attach bill to form) / direct to client):

\_\_\_\_\_