# Medical Support Fund (Crane’s Charity) Application Form

**Please note that this document’s purpose is to aid you when drafting your answers offline and sharing them with your College Tutor. You must not try to submit this document.**

This word document reproduces all of the questions from the online application form. Each section starts on a new page. The online form is dynamic, and some questions are only displayed if specific answers are selected – the question numbers in the online form will automatically adjust accordingly and therefore might not reflect the ones in this document.

## Section 1

**Your details**

|  |
| --- |
| **1. Your USN (this 9-digit number can be found on CamSIS)** |
|  |

|  |
| --- |
| **2. Your CRSid (eg ab123)** |
|  |

|  |
| --- |
| **3. Your date of birth** |
|  |

|  |
| --- |
| **4. Your age** |
|  |

|  |
| --- |
| **5. Your gender (Male/Female/Prefer to self-describe/Prefer not to specify/Other** |
|  |

|  |
| --- |
| **6. Your fee status (Home/UK or Overseas)** |
|  |

|  |
| --- |
| **7. Your College** |
|  |

|  |
| --- |
| **8. Your residence (College accommodation/University accommodation/Private rental accommodation/Property owned by your or your family/Other** |
|  |

|  |
| --- |
| **9. Your department/faculty or equivalent** |
|  |

|  |
| --- |
| **10. Your mode of study (full-time or part-time)** |
|  |

|  |
| --- |
| **11. In which term and year did you start your course?** |
|  |

|  |
| --- |
| **12. Your current year of study** |
|  |

|  |
| --- |
| **13. Your course level (Undergraduate or Postgraduate)** |
|  |

|  |
| --- |
| **14. Your undergraduate course** |
|  |

|  |
| --- |
| **15. Your postgraduate course** |
|  |

|  |
| --- |
| **16. When are you due to complete your course?** |
|  |

|  |
| --- |
| **17. When is your submission deadline? (this is the date as shown on CamSIS)** |
|  |

|  |
| --- |
| **18. When are you planning to submit your softbound thesis?** |
|  |

|  |
| --- |
| **19. Please provide the name of your College Tutor** |
|  |

|  |
| --- |
| **20. Please provide your College Tutor's email address (please use their CRSid@cam.ac.uk email address)** |
|  |

## Section 2

**Your financial circumstances**

|  |
| --- |
| **21. Please provide details of any savings\* you have (£)**  **\*any money which is not committed for tuition fees or other costs that you are going to incur i.e. money that you have to spare which could meet your financial shortfall.**  **If you have more than £2,000, please provide further information.** |
|  |

|  |
| --- |
| **22. Please state your anticipated remaining financial shortfall for this academic year (£) (living costs only not tuition fees)** |
|  |

|  |
| --- |
| **23. Have you previously applied to any of the University's Hardship Funds whilst studying towards your current qualification? (eg Special Hardship Fund, Medical Support Fund (Crane's Charity), Undergraduate Hardship Fund, Postgraduate Hardship Fund)** |
|  |

|  |
| --- |
| **24. Please provide details (including name of fund, status of application and if awarded, the amount and date)** |
|  |

|  |
| --- |
| **25. Please indicate what other hardship funds you have applied for or received whilst studying towards your current qualification? (eg College hardship funding)** |
|  |

## Section 3

**Your funding request**

|  |
| --- |
| **26. Your medical practitioner** |
|  |

|  |
| --- |
| **27. Please detail the nature, scope and duration of your illness (if any period of illness was away from Cambridge please explain why)**  **Please try to limit your response to 400 words.** |
|  |

|  |
| --- |
| **28. Please detail the treatment which you are applying for financial support with (please include the aims of treatment and the type of treatment being sought as well as why the treatment cannot be obtained under the NHS)** |
|  |

|  |
| --- |
| **29. Will this treatment be received in the UK?** |
|  |

|  |
| --- |
| **30. Please provide details (including name of country and reason why treatment could not be received in the UK)** |
|  |

|  |
| --- |
| **31. Is your GP aware of the treatment being sought in this application?**  **Please note that wherever possible we ask that the GP is aware of the treatment being sought** |
|  |

|  |
| --- |
| **32. Please upload a supporting letter from your GP (or other registered health practitioner) explaining the clinical basis of the application (in exceptional circumstances, this statement may be sent directly to the Secretary)**  **You are strongly recommended to provide a supporting letter from an appropriately qualified source, who is independent of the health provider you are proposing to use, such as your GP, University Counselling Service or your College Nurse/Counsellor** |
|  |

|  |
| --- |
| **33. Please tick this box if the supporting letter from your GP (or other registered health practitioner) will be sent directly to the Secretary at hardshipfunding@admin.cam.ac.uk** |
|  |

|  |
| --- |
| **34. If not specified in the supporting letter, please provide information on the treatment (including number of sessions, confirmed cost and details of the medical practitioner/clinician who will be delivering the treatment indicating their professional qualification)** |
|  |

|  |
| --- |
| **35. Total cost of treatment (£)** |
|  |

## Section 4

**Declaration**

|  |
| --- |
| **36. I declare that I have fully disclosed details of my financial situation and that the information I have given on this form is true, correct and complete, to the best of my knowledge. If it is not I understand that I may not receive funding/financial support, any funding received may be withdrawn and I may be referred to the Student Disciplinary Procedure or other relevant authority.**  **I understand that information on this form may be shared with others in the University where necessary, for the purposes of verifying my eligibility for the funding claim I am making.** |
|  |

|  |
| --- |
| **37. I confirm that I have spoken to my College Tutor about this application** |
|  |