



Rosabel's  
Rooms



PROVIDING COMFORT & SUPPORT THROUGH CHILD LOSS



## Rosabel's Room-to-Heal Fund – Application Form

### Section 1: About the Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel Number \_\_\_\_\_

### Section 2: About the Child

Child Name \_\_\_\_\_

Child Age at Time of Death \_\_\_\_\_

Your Relationship to Child \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death (this is optional information) \_\_\_\_\_

### Section 3: How Grant Will Be Used

Please outline how you will be using the grant, should you be successful with this application. For example, to help with funeral costs, to help cover financial loss due to time away from work etc. (suggested maximum 100 words).

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### Section 4: GP Details

Applications can only be considered with a letter of verification from your GP or other medical notary.

This needs to confirm the death of your child and the need for the funds applied for. We may need to contact this representative, but ONLY to verify their status as your GP or Medical practitioner. No other discussion will be entered into with them.

Name of GP or medical social  
worker (or alternative medical notary) \_\_\_\_\_

Surgery Address \_\_\_\_\_

Surgery Telephone Number \_\_\_\_\_

GP Registration Number \_\_\_\_\_

### Section 5: Signature and Privacy Agreement

I confirm that the information in this form is correct and that my application is made in good faith. I have read and understood the criteria for Rosabel's Room-to-Heal Fund.

I hereby consent to the Irish Hospice Foundation processing my personal information for the purposes of this Rosabel's Room-to-Heal Fund grant application. Personal information will be stored for seven years for statutory purposes.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Would you be happy for us to contact for you for feedback on how the funds helped you? This is optional and all details will remain confidential but may be used for statistical purposes and to help us develop future applications for the fund.

Yes  No

### Section 6: Checklist

- \* Have you completed all sections of this form?
- \* Have you enclosed your letter from the GP? Note we cannot consider this application without this.
- \* Have read through and understood the criteria?
- \* Have you made a copy of your application for your own records?

### Section 7: How to Reach Us

We can only accept postal applications. Email and online applications will not be considered. Please send your application and GP letter to:

Rosabel's Room-to-Heal Fund  
The Irish Hospice Foundation  
Morrison Chambers  
32 Nassau Street  
Dublin 2

Please feel free to call us on 01 679 3188 or email [info@hospicefoundation.ie](mailto:info@hospicefoundation.ie) if you have any questions about the Rosabel's Room-to-Heal fund or if you need help with your application.

We will consider every application and are aware of the sensitive nature of this process. If you need help with your bereavement please contact us or see our website [www.bereaved.ie](http://www.bereaved.ie).

The Irish Hospice Foundation CHY 6830 Registered Charity 20013554



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