



Rosabel's
Rooms

PROVIDING COMFORT & SUPPORT THROUGH CHILD LOSS



Irish
Hospice
Foundation

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

Section 1: About the Applicant

Name _____

Address _____

_____ Eircode _____

Tel Number _____ Email _____

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).

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.

Name of GP or medical social worker
(or alternative medical notary) _____

Surgery Address _____

Surgery Telephone Number _____

GP Registration Number _____

Section 5: Bank Account Details

If you would like to receive your grant by Electronic Funds Transfer (EFT) paid to your bank account please supply the following details:

Bank Account Name (must be applicant name) _____

IBAN _____

If this section is left blank we are happy to post a cheque to you.

Section 6: Medical Social Worker, Notary or GP Suggested Amount

In consultation with the bereaved family, the amount requested is:

€500 €1000 €1500 €2000 (please tick ✓ one box)

Section 7: 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 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 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 8: 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 9: 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
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 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 on **01 679 3188** or visit our Bereavement and Loss Hub at www.hospicefoundation.ie

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