

Ministry of Finance, Economic Planning and Development

Paediatric Cancer Scheme

Application Form

1. PATIENT DETAILS

Full Name :

Date of Birth : Age :

Residential Address :

Name of Treating or Referral Doctor :

Contact details of Doctor:

Treating Hospital/Institution :

Date of Application:

2. CONTACT DETAILS OF PARENTS / RESPONSIBLE PARTY

	Mother	Father	Other
Name :
Surname :
National Identity Card Number:
Mobile No.:
Landline :
Address :
*Specify relationship with patient		

3. PREFERRED PLACE OF TREATMENT (Tick as appropriate)

Locally Abroad

(if Locally, please select option below)

Public Hospital

Private Hospital

4. BANKING DETAILS

Bank Name: **Account Holder Full Name:**

Bank Account Number: **Branch Name:**

Medical Insurance (If any) :

Insurer:

Name of Policy holder:

Amount insured (Rs):

5. CONSENT TO COLLECTION OF SENSITIVE INFORMATION AND APPLICANT DECLARATION

- (i) I consent to the Government collecting health information about me and my child for the purpose indicated above.
- (ii) I hereby state that all information provided in this application is true and correct to the best of my knowledge.

Applicant's/Parent's/Guardian's signature **Date**

Full name of person signing (in block letters)

6. NOTES TO APPLICANT

- (a) All information exchanged as from application will be subject to the scrutiny of the Ministry of Finance, Economic Planning and Development.
- (b) The Ministry of Finance, Economic Planning and Development may request additional information in relation to the application.
- (c) Application form should be signed.

7. APPLICATION CHECKLIST

Please ensure that all parts in the application form are completed and that you have included all of the documents listed below:

- Copy of Birth Certificate of Patient
- Copy of Identity Card of Parent/Guardian
- Proof of residential address
- Complete medical documentation from treating doctor including copies of laboratory tests and scans including:
 - histopathological reports
 - blood tests
 - bone marrow reports, if any
 - reports of tumor markers, if any
 - clinical reports of treating doctor