MOUTH CANCER FOUNDATION

CHARITY GRANT APPLICATION

2026

MOUTH CANCER FOUNDATION GRANTS 2026

OUR MISSION - TO SAVE AND IMPROVE LIVES

The Mouth Cancer Foundation is dedicated to supporting patients and has created two new funds:

The Mouth Cancer Foundation Gordon Hills Grant and **Mouth Cancer Foundation Clare Jones Grant** to support people with head and neck cancer, specifically providing grants for services which will complement traditional medical treatments. The **Mouth Cancer Foundation Clare Jones Grant** is specifically for patients under 30 years old.

Grants, up to the value of £250 per head and neck cancer patient per year can cover a wide range of needs including:

- **Well being/Mental health support**
- **Laser Treatment**
- **Lymphatic Drainage Treatment**
- **Accupuncture**
- **Reflexology**
- **Psychosexual Therapy**
- **Physiotheraphy – outside hospital treatment plans**
- **Spa/Pamper Day/Stress Busting Massage**

The Charity is also open to patients presenting opportunities with associated costs for consideration. To access the grant, fill out the application form and email it in to us, along with the appropriate documents as outlined. Any questions about the **Mouth Cancer Foundation Gordon Hills** or **Clare Jones Grants**, please contact the Charity.

TERMS AND CONDITIONS

Applicants agree to the following of any grant awarded:

- **Grant money must be used for the agreed purpose.**
- **One grant per family given as a one off payment.**
- **Grants can only be applied for once a calendar year.**
- **Applicants must reside in the UK. Proof of address required – utility bill, driving licence, bank statement.**
- **The Mouth Cancer Foundation can only accept applications from applicants over 18 years old.**
- **Apply for the Gordon Hills Grant if OVER 30 years old.**
- **Apply for the Clare Jones Grant if UNDER 30 years old.**
- **Provide proof of a head and neck cancer diagnosis from a hospital consultant to receive a grant.**
- **Applicants must provide a quote, receipt and contact details of service provider.**
- **Upon grant acceptance, funding is made within 30 days.**

Please note that the decision to award a grant is final. The Charity Trustees will make the final decision based on the completed application form. Please note we may take references as part of the application process. Applicants will be informed of the outcome via email.

The Mouth Cancer Foundation may photograph and film a grant recipient, for public viewing on the charity's website. Photographs, press publications and filming are for the purposes of promotion and education only.

Please note that any personal information will be processed by the Mouth Cancer Foundation in compliance with the Data Protection Act 1998. Should you have any concerns about giving consent, please contact the Mouth Cancer Foundation on 020 8940 5680 or via info@mouthcancerfoundation.org.

GRANT APPLICATION FORM

Mouth Cancer Foundation

+44 208 940 5680
info@mouthcancerfoundation.org
www.mouthcancerfoundation.org

GRANT APPLYING FOR

Gordon Hills Grant _____ **Clare Jones Grant (Under 30)** _____

PERSONAL DETAILS

Name:

Email: Date of Application: / /

Home Address:

City: County: Post Code:

Country: Telephone:

TREATMENT/SERVICE REQUIRED

Describe Treatment Required and Associated Costs:

Number of Treatments: Cost Per Treatment £:

Total Cost £:

PATIENT'S DIAGNOSIS (ATTACH SUPPORTING LETTER FROM HOSPITAL CONSULTANT)

Diagnosis:

Hospital & Consultant Name: Consultant Phone Number:

SUPPLIER DETAILS

Supplier Company Name:

Supplier Contact Name:

Supplier Email:

Supplier Telephone:

Supplier Bank: _____ Account Name: _____

Sort Code: _____ Account Number: _____

CONSENT & AGREEMENT

☐ I agree to the terms and conditions of the grant.

Documents Submitted:

☐ Proof of Diagnosis
☐ Proof of Address
☐ Treatment Supplier Details Including Costs
☐ Service Provider Bank Details

Date: / / Signature: _____