

To: German Cancer Aid Relief Fund Ukraine P.O. Box 1467 53004 Bonn

## Application for one-time support from the German Cancer Aid Fund for relatives of cancer patients from Ukraine treated in Germany

Please send the completed application by email to ukraine@krebshilfe.de or by post to the address above. All information is treated confidentially and is subject to data protection.

1. Oncology Center (Applicant)		
* Submission of application (Doctor or Social Station/ Cancer Counselling Centre):		
* Institution:		
* Telephone number:		
<u>* e-mail:</u>	<u>_</u>	
2. Name of a cancer patient; Address of a canc	er patient (if different from 1.)	
* Title, first and last name:		
Patient/case number:		
Street, house number:		
ZIP, city/town:		
Telephone number:	* Date of birth:	
<u>* e-mail:</u>		

 $<sup>\</sup>ensuremath{^{\star}}$  mandatory fields that must be filled in for application processing



First and last name of a relative:	* Date of birth:	* Family relationship:	
4. Estimate of costs for travel and a	ccommodation costs that have a	lready been incurred and are to be	
		lready been incurred and are to be er patient (without costs for therapies)	
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• A current German medical certificate about the cancer and therapy (enclosure)



6. German bank details of the cancer center or a relative				
* Account owner:				
* Account owner:  * IBAN-no.:				
Usage purpose:				
osage purpose.				
7. Signature of a representative of the certified once	ology center			
The signature confirms that				
<ul> <li>the aforementioned persons are a Ukrainian cancer patient undergoing acute treatment and Ukrainian relatives who (will) accompany the affected person(s) during the treatment in Germany,</li> </ul>				
the above information is correct and compl	ete,			
• the grant is transferred/paid to the cancer patient's family member(s).				
* Title, first and last name:	*Official seal:			
* Place and date:	* Signature/Doctor:			



## Declaration of consent under data protection law

We process the personal data you provide to us – some of which is also sensitive – in accordance with the General Data Protection Regulation (GDPR), Article 6 Paragraph 1 "Lawfulness of Processing" and Article 9 Paragraph 2 (a) "Express Consent" and Paragraph 2 (b) "Emergency Assistance Processing".

Responsible body in terms of data protection law is the German Cancer Aid Foundation, Buschstr. 32, 53113 Bonn. You can also reach our data protection officer there.

If your application is rejected, all personal data and copies made will be deleted and destroyed. If approved, your personal data will be stored according to the statutory retention periods. All of the data you have provided to us will then be destroyed or made anonymous.

With my signature below, I agree to the processing of the personal data in my application. Furthermore, I give my **express consent** to the processing of particularly sensitive data such as health information and attached documents.

I am aware that I can revoke my consent at any time with effect for the future. In this case, all data and existing documents will be destroyed or made anonymous as far as possible.

Further information, including your rights to information, corrections and complaints, can be found at <a href="https://www.krebshilfe.de/datenschutz">www.krebshilfe.de/datenschutz</a>

	* Signature of the (Doctor or Social Station/Cancer Counselling
* Place and date:	Centre or relative):