

## Golfing with Heart Spain

Foundation for needy children and  
young people suffering from cancer



## Relief application

### Applicant

first name / last name

address

zip code / city

eMail

phone / fax

bank details

### Recipient details (child)

last name

first name

date of birth

Diagnosis, description of the disease and details on the child's present medical condition

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familial and financial situation

(the financial situation has to be documented with a budget showing assets and liabilities, all revenues and expenditures as well as the balance due)

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Reasons for the required benefit claim

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**Required benefit**

Amount in EURO	
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All data are subject to data protection and will not be forwarded to third parties.

Certification from the official organization (cancer or other organization), which submits the application on behalf of the benefit recipient, or certification from the benefit recipient, if he submits the application himself, that all statements, transcripts and documentation are correct, complete and true.

signature	place and date
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## Information to the budget of the family

(appendix to the relief application form)

Name of the child / Address of the family

first name / last name

address

zip code / city

eMail

phone / fax

bank details

Additional information




## Monthly revenues

Incomes	EURO
<b>Net income of the husband</b>	
Salary, pension/supplementary pension, income from independent work, unemployment benefit, sickness benefit*	
* Please tick where applicable	
<b>Net income of the wife</b>	
Salary, pension/supplementary pension, income from independent work, unemployment benefit, sickness benefit	
* Please tick where applicable	
<b>Net income of other persons living in the same household</b>	
Salary, pension/supplementary pension, income from independent work, unemployment benefit, sickness benefit	
* Please tick where applicable	
<b>Child benefit of family allowance</b>	
<b>Child support / alimony</b>	
<b>Carer's or attendance allowance</b>	
<b>Support for livelihood</b>	
<b>Education allowance</b>	
<b>Other allowances</b>	
<b>Amount incomes</b>	
<b>Other monthly revenues</b>	
e.g. rental income, accommodation allowance, interest/investment income	
* Please tick where applicable	
<b>Please name other additional revenues/benefits you receive, which are not mentioned above:</b>	
<b>Amount other monthly revenues</b>	
<b>Total revenues</b>	

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### Expenditures

#### Fixed monthly expenditures

EURO

Rental payment or mortgage payment

Additional costs (electricity, heating etc.)

Telephone / TV licence fee / radio licence fee

Insurances

(Life-, health-, accident-, property insurance etc.) - please name the insurance and state the monthly fee you pay

Motor vehicle tax / motor vehicle insurance (at a monthly rate)

Child support / alimony

please mention for whom - e.g. son - this support is

Monthly installment deposits

(please indicate sum of the loan, reason of the loan and refund period):

Kindergarten, day nursery, child care expenses

(without costs for food)

Domestic aid

Other regular monthly payments - these are:

**Total expenditures**

**deficit / surplus**

**Assets / estate**

**Debts**

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Costs which arise due to the illness of the child and which are not covered by the health insurance or another official institution

**EURO**

Monthly cost for travelling to the hospital (outpatient care of your child or visiting your child in the hospital)

Number of kilometers between home and hospital (there and back)\_\_\_\_\_

\_\_\_\_\_number of rides per month (there and back)

Cost for food (per month) when the parents stay with their child at the hospital; cost for special food for the child (germ-poor) during or after the chemotherapy

Income losses (if a parent has to reduce the work schedule, has to suspend or wholly to abandon the work due to the illness of the child - it is important to prove how the salary was before the illness of the child)

If you have further costs or expenses due to the illness please specify them here:

**Total of the additional costs due to the illness of the child**

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signature

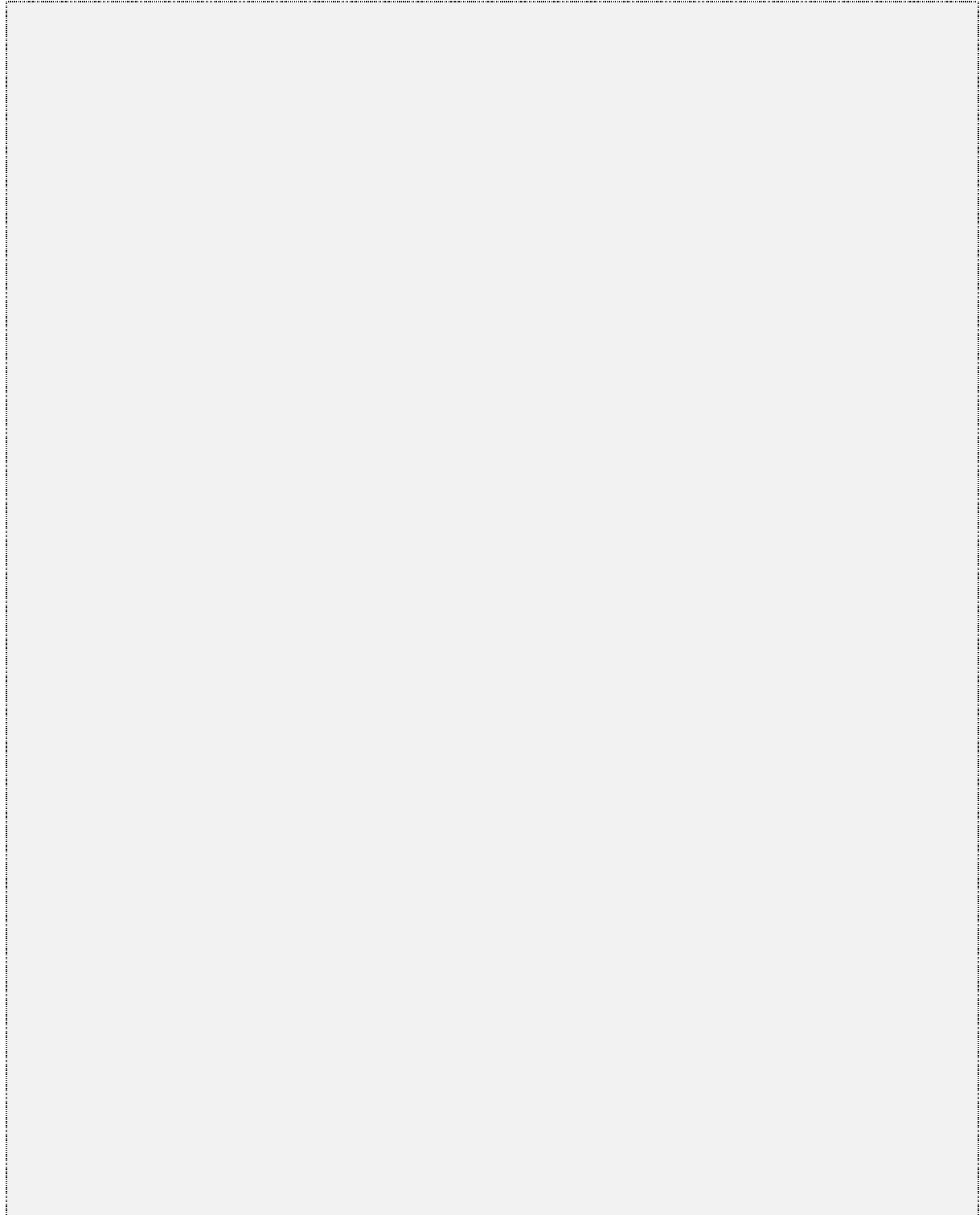
place and date

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## Appendix

Additional information



# Declaration of Consent for a Support Request



Art. 9, 13, 14 GDPR

**This declaration must be signed by the parents or the legal guardian(s) respectively, be presented to us and will be kept by us for processing.**

For the assessment of your support request we will capture certain personal data of parents, children and adolescents and hereby ask for your signed consent.

The following sensitive data, after Article 9 of the GDPR, will be stored. The data will be captured directly from the concerned party, not relayed to any third-party and stored for a time period of ten years in accordance with legal obligations.

- Personal Data: children, parents (name, given name, date of birth, sex, support request, bank details, Email address)
- Health Record: children, diagnoses, familial and financial backgrounds, diagnosis, assessment of the illness, present illness status
- Additional Information (Applicant, use of resources, notes, comments, board decision)

## Your Rights

### Right of Access

You have the right to access the information kept by us, which we have collected from you.

### Rectification, Deletion, Restriction, Data Portability

You have the right for rectification, deletion, restriction and data portability with regards to the data collected by us. The deletion of the respective data is only possible after the 10 year data-retention period.

### Objection

After the signing of this declaration you have the right to objection, without affecting the legitimacy of the assessment that has been consented to, until cancellation.

### Right of appeal to a regulatory authority

You have the right of appeal regarding the usage of personal data. Contact Details of the regulatory authorities in Lichtenstein may be found here: [www.dss.liv.li](http://www.dss.liv.li)

Name of Applicant \_\_\_\_\_

Place, Date \_\_\_\_\_

Parents' Signature \_\_\_\_\_