



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)

Title, first and last name (doctor): _____

Institution: _____

Street, house number: _____

ZIP, city/town: _____

Telephone number: _____

e-mail: _____

2. Name of a cancer patient; Address of a cancer patient (if different from 1.)

Title, first and last name: _____

Patient/case number: _____

Street, house number: _____

ZIP, city/town: _____

Telephone number: _____

Date of birth: _____

e-mail: _____

Gender:

male

female

miscellaneous

6. German bank details of the cancer center or a relative

Account owner: _____

IBAN-no.: _____

Name and location of financial institution: _____

Usage purpose: _____

7. Signature of a representative of the certified oncology center

The signature confirms that

- 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,
- the above information is correct and complete,
- 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 www.krebshilfe.de/datenschutz

Place and date: _____

Signature of the cancer patient/relative: _____