

# Application for Facilities Card

If you receive a call while on duty from someone enquiring about our Facilities Card, please carry out the following:

## 1. REFERENCES & DEFINITIONS

East Galway & Midlands Cancer Support: EGM

EGM-MA-01 Master List of Policies and Procedures

## 2. IMPLEMENTATION

Take their contact details (Name, Address, Mobile Number and Email Address)

Inform them that they will need to get a consent form signed by their GP, if not on active treatment, or, from their Oncologist, if undergoing treatment.

Ask them to call to the Centre during opening hours to collect the Consent Form to be signed and either return it to us or ask their GP to return it. Alternatively, a Consent Form can be sent out to them in the post.


Inform them that once the Consent Form is returned, the Director of Services may contact them to discuss appropriate therapies and arrange an appointment.

Pass all this information to the Director of Services

East Galway & Midlands Cancer Support have introduced an ID card for people with specific needs to use toilet facilities. Through our prostate support group, we have been made aware that our participants experience great difficulties when they must use toilet facilities urgently.

This credit card size ID card simply asks that the bearer may use their toilet facilities, either disabled or staff, on the premises. This card will be of great benefit to these patients, but to ensure that the correct people get this card, we would be asking that you as the Oncologist or GP fill in the form provided and send it to our centre so that a card can be issued to the deserving patient

*NB. Please make sure that the patient attaches a passport sized photo to the application form.*



The bearer of this card has a medical condition and may need to use your disabled toilet facilities urgently.

**Please can you help?**

EGM#XX



East Galway  
& Midlands  
**Cancer Support**

Please submit a passport photograph so your ID card can be printed.

Alternatively, you can ask our Office Administrator to take one when you are submitting the form.



**Tel: (090) 964 2088**

[www.egmcancersupport.com](http://www.egmcancersupport.com) | E: [info@egmcancersupport.com](mailto:info@egmcancersupport.com)

**Brackernagh, Ballinasloe, Co. Galway H53 P8H0**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Eircode: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_

Are you receiving active treatment? Yes  No  If so, what type? \_\_\_\_\_

To be completed by a Urologist, if you are currently undergoing treatment, otherwise a Oncology Nurse' consent will suffice.	
Oncologist/GP	Oncology Nurse
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
Registration Number: <sup>1</sup> _____	Registration Number: <sup>1</sup> _____
Signature: _____	Signature: _____
Date: _____	Date: _____
I, the above-named Oncologist / GP, agree that the client named above has use for a Facilities ID Card as designed and created by EGM Cancer Support <input type="checkbox"/>	
For Office Use Only (To be completed by an Administrator)	
EGM Reference #:	ID#
_____	
Date Form Received: _____	
Date Card Printed: _____	
Qty Cards Printed: _____	

<sup>1</sup> Registration Number is the number you received from the Medical Council of Ireland



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