# **Medical Support Fund (Crane’s Charity) College Tutor’s Report**

Please complete this form after the course of treatment has finished and after the student has provided invoices/receipts confirming the treatment went ahead as stated in their application.

The information you provide in this report will be shared with the Distributors of the Fund.

## Application information

|  |  |
| --- | --- |
| Student’s name  |  |
| College |  |
| Award amount (£) |  |
| Date of award  |  |
| College contribution (£) |  |
| Total cost of treatment (£) |  |

## Benefits and outcomes of treatment

|  |  |
| --- | --- |
| Treatment applied for financial support with  |  |
| Medical practitioner (or other registered health practitioner) who delivered the treatment  |  |
| Costs incurred (please provide invoices/receipts as confirmation treatment went ahead) |  |
| Please confirm the full award from the fund was used and solely for the treatment stated in the application |  |
| Please detail how this financial assistance benefitted the student (eg enabled continuation of their course, successful completion of their degree, return to study etc) |  |
| Please state if any difficulties were encountered (eg treatment not effective, further or additional treatments required) |  |
| Please provide any other feedback which may be of interest to the Distributors of the Fund |  |

## College Tutor’s signature

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date  |  |