



Social Fund

Box 9 • 3900 Nuuk • direct phone: +299 34 93 22 • E-mail: socialfonden@sik.gl

Further information and conditions can be obtained here: www.sik.gl/da/om-sik/fondene/socialfondene/

Application form for SIK's Social Fund

Applicant			
Name:			
CPR no.:		Mobile no:	
E-mail:		Bank account:	

Companionship in case of serious illness (tick)							
<input type="checkbox"/>	Travel tickets						
<input type="checkbox"/>	Accommodation						
<input type="checkbox"/>	Payment for travel cards in Denmark						
<input type="checkbox"/>	Loss of earnings						
<input type="checkbox"/>	Children under the age of 18 wanted to be included on the trip						
What is your relationship with the patient? (tick)							
<input type="checkbox"/>	Parent	<input type="checkbox"/>	Cohabiting/spouse	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Child
Documentation that must always be attached:							
- Referral from the healthcare							
- Applicant's 3 last payslips							
- The employer's refusal of support							
- Baptism- or residence certificate							
- Tax card (in case of lost of earnings)							

Companionship of co-parents during childbirth (tick)	
<input type="checkbox"/>	Travel tickets
<input type="checkbox"/>	Children under the age of 18 wanted to be included on the trip
Documentation that must always be attached:	
- Pregnancy certificate	
- Applicant's last payslip	

Acquisition or renewal of glasses (tick)			
<input type="checkbox"/>	For own use	<input type="checkbox"/>	The applicant's child under the age of 18
Documentation that must always be attached:			
- Statement from optician			
- Applicant's last payslip			
- Residence certificate (when applying for a child under 18 years of age)			

Repatriation of the deceased (tick)	
<input type="checkbox"/>	Repatriation of coffin
<input type="checkbox"/>	Repatriation of urn
Documentation that must always be attached:	
- Applicant's last payslip	
- Death certificate	

By signing, I confirm that I consent to the processing of my personal data and I have obtained consent from my relatives for the disclosure of personal data about them.

Your personal data will be processed by SIK as your employer.

Date

Signature