



25 survivors,
1 journey, 1 goal, bringing hope

Section 21 | Registration number: 2008/020129/08

Management Office: 5 Tumberry Close, PO Box 2762, George, 6530

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Breast Reconstruction Application Form 2010

The Temptations Journey of Hope Breast Cancer Ride took place from 10-18 October 2008. 12 women from all walks of life embarked on riding Harley Davidson motorcycles and drove HUMMER sponsored back up vehicles from Johannesburg to Cape Town. During the 8 days of the Journey of Hope Breast Cancer Ride the group raised awareness and funds for breast cancer, and bringing a message of hope and survival. These funds raised will be used to "shape change" in the lives of women who will be identified to undergo breast reconstruction surgery after having had, a mastectomy.

Should you wish to be considered for the opportunity of sponsored breast reconstruction surgery, please be so kind to complete this application form, and submit it to:

Frieda Henning	Managaging Director – Journey of Hope
Telephone:	044 873 0785 or 082 335 4912
Fax:	021 413 0752
Email:	frieda@journeyofhope.co.za
Post:	Journey of Hope Breast Cancer Reconstruction PO Box 2762 George, 6530

For further information or to obtain an application form, please visit <http://www.journeyofhope.co.za/>

All applications will be dealt with in the strictest of confidence. but by submitting this application, the Applicant understands and accepts the following express terms and conditions which are not negotiable:

1. The Applicant consents to the disclosure of the information contained herein, to a selected panel, consisting of three medical experts who will advise The Journey of Hope on whether or not to consider the Application.
2. The Applicant therefore consents to the disclosure of the information provided below, and waives any claim of privacy in that regard.
3. In return, JOURNEY of HOPE will take all reasonable steps to ensure that aside from the aforementioned limited disclosure to third parties, the said information will be treated as highly confidential, and this information will not be released to any third party other than such persons who in the opinion of Journey of Hope, are reasonably necessitated, to view the information, to make an informed decision on whether the Application should be successful. Under no circumstances will this information be made available to the media.
4. Notwithstanding the aforesaid, should an Application be successful, the Applicant hereby undertakes to participate in and disclose their personal experiences to such media company / as Journey of Hope, deem fit, as part of, any promotional campaign of this project. The Applicant will be contacted prior to any such publicity, which will only occur with her express consent.

5. The decision of Journey of Hope in the above regard will be final and the Applicant hereby unconditionally waives any claim for damages that may otherwise arise against Journey of Hope and any of their agents or employees from any negligent and unauthorized publication of the said information to any third parties, other than those referred to above. This waiver shall be binding on the estate of the Applicant.
6. Should your Application be successful, Journey of Hope will contribute towards the costs of reconstructive surgery, which shall in principle, be limited to UNILATERAL breast reconstruction surgery.
7. The Sponsors reserve the right, in their absolute and sole discretion, to also make a contribution towards BILATERAL reconstructive surgery, to the same value as it would have made for UNILATERAL breast reconstructive surgery, in appropriate cases.
8. No funds will be paid to any Applicant directly under any circumstances whatsoever.
9. Once any Application is favorably considered, the Applicant will be notified.
10. Journey of Hope shall then make arrangements with a health care worker, who shall be registered as a Cosmetic / Plastic Surgeon, with the Health Professions Council of South Africa, with no less than 4 years' post registration experience in cosmetic surgery, and who has no record of any disciplinary hearings against him or her, and at a hospital of the Applicant's choice, to attend to the reconstructive surgery.
11. Once a date has been set for such surgery, the health care worker and hospital shall contact the Journey of Hope and present a full and detailed written breakdown of foreseeable costs, which the Journey of Hope reserves the right to query, and, once satisfied that the quote appears reasonable, to arrange for payment, including a deposit if same is required. Journey of Hope will only then be liable to pay the sum it has agreed, in its sole discretion, to contribute. Any agreement to perform the surgery shall be between the Applicant and the health care worker / hospital concerned and Journey of Hope's liability will only extend to the sum it has then agreed to contribute.
12. The Applicant will be responsible for any and all costs over and above the sponsored sum.
13. The Applicant hereby accepts that neither Journey of Hope, nor any employees or agents accept any responsibility or liability for any damages or injury the Applicant may suffer as a result of any surgery performed as a result of the financial assistance, or as a result of any complications that may arise during or as a result of the said reconstructive surgery, and understands and accepts furthermore, that Journey of Hope will merely provide financial assistance, and nothing more.
14. The Applicant furthermore agrees and understands that Journey of Hope will not engage in any discussions with any health care worker or hospital on the merits of any surgery to be performed or choices to be made by the Applicant and that she will make these all in her own right with the necessary guidance from her chosen health care worker.
15. The Applicant must appreciate that such surgery consists of two stages and is therefore not a once-off procedure, and that, despite reasonable care being taken it is still possible that such surgery may result in complications. Successful Applicants are urged to request that their chosen health care workers explain all reasonably foreseeable risks and complications, which such surgery may have, bearing in mind the Applicant's specific medical history, to ensure that the Applicant makes an informed decision on whether she then wants to proceed with the surgery.
16. In the event that the Applicant should, after due consultation with the health care worker, decide not to proceed with the surgery, the Applicant is to advise Journey of Hope immediately so that another Applicant may be given the opportunity.
17. **Criteria to be considered:**
 - Applicants must be SA citizens
 - With no medical aid;
 - At least 2 years in remission;
 - Must have a record of having attended all follow up medical examinations;
 - Women who according to their Oncologists are in bona fide need of reconstruction surgery to lead a worthy life in her work and community, irrespective of her age;
 - Must be willing to share their experience with the media and have their story publicized;
 - Only **first attempt** reconstruction will be considered.

1. GENERAL INFORMATION

Name and Surname:

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Address:

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City:

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Postal Code:

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Home Tel:

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Mobile Number:

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Email Address:

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Age and Date of Birth:

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ID No:

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Nationality:

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Family Composition (Married I Children):

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Are you and / or your husband currently employed?

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Joint Salary of the couple or person applying (Please provide copies of your pay slips):

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Please provide a detailed list of family expenses:

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Name of oncologist and treating unit:

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Contact Details:

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Are you a smoker and if so, how many and what type of cigarettes do you normally smoke?

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Are you prepared to quit smoking for 3 months before surgery and to undergo a blood test prior to surgery to ensure that you have remained completely smoke free?

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Please Note:

The Application is to be accompanied by a medical report from your treating oncologist confirming:

- That surgery is recommended for you;
- That your CA stage is not higher than 1 or 2;
- That you have been in remission for TWO YEARS or longer;
- When you last had a Scan;
- That your Body Mass Index is not lower than 20 and not higher than 35;
- That you do not have any serious illnesses which could expose you to the risk of poor recovery or higher than normal risk of complications from surgery;

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