



# GRANT APPLICATION FORM

STRICTLY PRIVATE AND CONFIDENTIAL

*Please read the enclosed guidelines and instructions on how to fill in the form. If you need guidance filling in this form please telephone 020 7803 4814.*

Please fill in **ALL** sections of the form.

Please fill this form out in the name of the person affected and requiring funding (the applicant). **If the applicant is under 18 please give details of parent/guardian and ensure that they have provided us with signed consent on page six, section F or we will be unable to process your application.**

**(PLEASE USE BLACK INK AND BLOCK LETTERS)**

## **SECTION A. DETAILS OF THE PERSON REQUIRING ASSISTANCE**

Surname: Mr/Mrs/Miss/Ms.....

Forename/s.....

Address .....

Town .....County.....Postcode.....

Telephone Number: ..... E-mail Address: .....  
*(If you have one)*

Type of neuromuscular condition: .....

Age: .....Date of Birth:.....

**(IF APPLICANT IS UNDER 18)**

## **DETAILS OF PARENT/ GUARDIAN**

Surname: Mr/Mrs/Miss/Ms.....

Forename/s.....

Address .....

Town .....County.....Postcode.....

Telephone Number: ..... E-mail Address: .....  
*(If you have one)*

**SECTION B. WHAT DO YOU REQUIRE THE GRANT FOR?**

**1. Type of equipment**

*Please also see our guidelines for details of what we are and are not able to fund.*

- Wheelchair  Scooter / Trike  Vehicle Adaptation   
Computer  Bed  Therapy Equipment (e.g. standing frame)

Other (Please specify) .....

**2. Details of equipment**

Please give details of the item including model details and other specifications.

**A quotation for the equipment must be enclosed with the application.**

.....

**3. Cost of equipment**

**What is the total cost of the equipment?** £.....

**How much are you requesting?** £.....

**4. Equipment Assessment**

**An assessment letter from a professional must be enclosed.**

*(E.g. physiotherapist, occupational therapist, specialist dealer, **Regional Neuromuscular Care Advisors**) The letter should detail a) needs of the applicant; b) needs for this specific model / equipment specification.; c) health and safety considerations; d) reason the equipment cannot be provided by a statutory authority and / or what contribution is being made by a statutory authority (e.g. NHS voucher). See the application guidelines for further details.*

(i) Name of the assessor .....

(ii) Qualification / occupation .....

(iii) Employer .....

*(e.g., NHS, service dealer, voluntary sector)*

**5. Have you already sought other funding? Yes  No**

**If yes, from who?***(E.g. NHS, Education Authority, Wheelchair Service, Social Services another charity or trust)*

.....

**And what are the outcomes (or are you still waiting)?**

.....

**6. In most instances the Trust does not provide the full cost of the equipment. How will you raise the balance?**

.....

**7. In your own words how will this equipment be of benefit to the applicant? What difference will this equipment make?**

.....

.....

**SECTION C. APPLYING FOR A WHEELCHAIR**

*(Fill in if you are applying for a wheelchair. If not, go to Section D on page 4)*

It is important to do careful research before deciding which wheelchair you would like to buy. Please be aware that some of the less well-known brands have the same functionality but are considerably cheaper than other better-known brands.

The information you provide on this page will be used so that the Joseph Patrick Trust and the Muscular Dystrophy Campaign can achieve a better understanding of what is happening in the NHS Wheelchair Service. This will help us to campaign for better provision of wheelchairs under the NHS. **Please note: your answers will not affect your eligibility for Joseph Patrick Trust funding.**

**1. What is the name / location of your NHS Wheelchair Service?**

.....

**2. Have you approached the NHS wheelchair service for an Electric Powered Indoor/Outdoor Wheelchair or a manual lightweight wheelchair?**

Yes  No

**If no what is your reason for not approaching the NHS?** (Please tell us the reason)

.....  
.....  
.....

**3. Do you already have a NHS wheelchair?**

Yes  No

**If yes why do you need another wheelchair?**

(Please give full details e.g. the added functions you require)

.....  
.....  
.....

**If you need a wheelchair but do not have one, why do you not have a wheelchair?**

(Please give full details e.g. waiting list – how long you have been waiting, have you been offered / are you in receipt of a wheelchair voucher?)

.....  
.....  
.....

## **SECTION D: FURTHER INFORMATION**

### 1. Funding from other sources

From time to time the Joseph Patrick Trust, in partnership with other charities and organisations, is able to offer additional funding for the full cost of an item of equipment. Receiving an item of equipment might, however, involve attending an event to receive the equipment and local publicity and media coverage.

Are you happy for us to consider you for this additional funding?

Yes

No

### 2. Telling your story – Can you help with our publicity?

Personal stories always make magazine features, fundraising packs or news articles much more compelling and show very powerfully the impact muscular dystrophy has on people's lives. We campaign on a variety of issues, so the more information we have about your personal experiences; the better we are able to find stories that most clearly illustrate particular circumstances or problems.

Would you be willing to share your story? Yes  No

***You can be sure that your information will not be passed to anyone else without your prior consent.***

### 3. Further Information

In order to process your application we need to add your details to our secure database. Your details will be kept secure according to Data Protection Act and will not be shared with any third party.

If you would like to receive our monthly e-newsletter, please tick here and supply your email address on the first page of this form

If you do not wish to receive further information, please tick here.

Are you eligible for any government means tested benefit?

Yes

No

Rather not say

***Please note this will not affect your application and is for statistical use only.***

**SECTION E: TERMS & CONDITIONS**

The Joseph Patrick Trust provides a grant towards the cost of the purchase of equipment. Funding is provided on condition that the equipment is the **property of the individual / family** or a NHS Wheelchair Service, in partnership with the individual. In providing finance for the purchase of the equipment, the Joseph Patrick Trust **does not take responsibility for the suitability or quality of the equipment or any liability for damage caused by the equipment or its use.** When an individual has no further use for the equipment it is **their** responsibility to dispose of the equipment. If you are applying for funds for a class 3 wheelchair, for the use of a young person under the age of 14 years, the speed setting must not be more than 4mph. We would strongly recommend that you read the relevant sections of the Highway Code. You are responsible for ensuring that the wheelchair supplier has set the limiter to 4mph. You can find the relevant section of the Highway Code here: [http://www.direct.gov.uk/en/TravelAndTransport/Highwaycode/DG\\_069852](http://www.direct.gov.uk/en/TravelAndTransport/Highwaycode/DG_069852)

The Trust requires individuals to

- ensure the equipment is safe and appropriate
- care for and maintain the equipment in good working order (carrying out necessary maintenance)
- use the equipment safely and with due respect to others
- insure the equipment appropriately.

**I understand that I am responsible for ensuring that the equipment is appropriate for the applicant and operating safely.**

I agree to be responsible for ensuring that the equipment is used safely and correctly at all times

**Insurance Cover** - The equipment you are requesting funding for is expensive. The best option is to get an extended warranty but you may also need to purchase insurance cover. It is your choice what insurance company you use. If the equipment is inside your home at all times, the cheapest way may be to insure the equipment as a specific item within your home insurance policy.

**I agree to care for and maintain the equipment in good working order and am responsible for keeping the equipment insured**

**FILL IN ONLY IF APPLYING FOR POWERED MOBILITY EQUIPMENT (including scooters and electric wheelchairs** *(The Joseph Patrick Trust requires individuals to take out a specialist insurance policy to cover accidental damage and third party liability.)*

**I agree that I will keep the equipment insured against damage and third party liability at all times.**

**I plan to insure the equipment with.....**  
(Insurance company)

**SECTION F. DECLARATION**

**Are you (or a member of your family) a Trustee of the Muscular Dystrophy Campaign? Yes  No**

**Do you (or a member of your family) sit on any of the Muscular dystrophy Campaign Committees? Yes  No**

If yes, please give details (*including name of the committee*)

.....  
.....

I declare that the information I have given on this form is correct and complete, and I understand that information given will be held under the terms of the Data Protection Act.

I agree that the Joseph Patrick Trust may request any information from the people or organisations given in this form should it be considered necessary, in order to deal with this application.

**Consent**

Please obtain consent from applicant, parent/guardian if you are filling in this form on behalf of someone else. Only signed consent i.e. signature of applicant or applicant’s parent/guardian below will be accepted.

Signature of applicant (*if applicant is under 18 should be signed by parent or guardian*)

.....Date:.....

***For people filling in this form on behalf of the person applying for help***

Your name:.....

Your address:.....

..... Postcode:.....

Telephone number (day time).....

What is your relationship to the applicant?.....

**Supporting documentation**

**With the completed signed application form you must also send**

- ✓ An assessment letter from a professional
- ✓ A quotation for the equipment (including an extended warranty)

**Your application will not be considered until all of these are received.**

Return form to:  
 Joseph Patrick Trust  
 Muscular Dystrophy Campaign  
 61 Southwark Street  
 London  
 SE1 0HL  
 Registered Charity Number 294475