

REF:

Action For Kids

GRANT APPLICATION FORM for EQUIPMENT PROVISION *(STRICTLY PRIVATE & CONFIDENTIAL)*

Return to: -
Action for Kids Charitable Trust
Family Support Services
Ability House
15a Tottenham Lane
London N8 9DJ

GUIDELINES FOR APPLYING FOR EQUIPMENT

(Please read carefully before completing this application form)

WHO CAN APPLY

Applications will be welcomed from or on behalf of any child or young person up to age 26 whose condition physical or mental requires a mobility aid or other specialised equipment that facilitates independence, providing these aids are not normally available from a statutory body, i.e. the NHS. All equipment provided will be subject to the acceptance of the Conditions of Loan (see page 8).

The value of grants given will depend on an assessment of all relevant information made available to the Trust. The Trust reserves the right to request further information if, in its opinion, there is insufficient information contained within a submitted application form to reach a decision to grant.

GRANTS WILL NOT BE CONSIDERED FOR EQUIPMENT ALREADY PURCHASED

WHAT YOU CAN APPLY FOR

Wheelchairs: -

Applications may be considered towards the cost of funding outdoor powered wheelchairs where these are not provided by statutory authorities. Powered wheelchairs would normally remain the property of AFKCT and be provided on a permanent loan basis to the beneficiary. The beneficiary of the wheelchair or guardian of the beneficiary must take responsibility for the insurance of the wheelchair in respect of third party liability whilst on loan and subject to certain conditions (see page 8); the Trust will be responsible for the maintenance of the wheelchair. Specialist assessments will be required i.e. letter from Occupational Therapist supporting the applicant's request, and also where necessary, confirmation that the Wheelchair Voucher Scheme has been explored (details of this scheme are available from your local Wheelchair Service).

Specialised Equipment: -

Grants may be given to assist in the purchase of other mobility equipment for specific purposes. These purposes may be educational, recreational, therapeutic i.e. trikes, walkers car seats, buggies, etc. but must be clearly defined in the application. Specialist assessments will be required i.e. letter from O/T supporting applicants request, and also where necessary, confirmation that the equipment applied for is not available on the NHS.

HOW APPLICATIONS CAN BE MADE

The equipment recipient (or the Parent/Guardian if applicant is under the age of 18 years) must complete the application forms. All **professional assessments, supporting documents i.e. letters, quotations, financial details, evidence of income and expenditure and a recent photograph must be attached to the form. Under some circumstances, the Trust will require additional information. Specialist assessments must be carried out with an Occupational Therapist or Physiotherapist present.**

FUNDING POLICIES

The Trust will not normally consider applications for items of equipment in those cases where there is a duty on the statutory authorities to provide them.

The Trust will not normally consider applications where it is deemed that the applicant or applicant's family are capable of providing the equipment from their own resources.

If you require assistance in completing this application form, please call the **Family support Services Team on 020 8347 8111.**

DETAILS OF APPLICANT REQUIRING EQUIPMENT

Forename/s: _____ Surname: _____

Family Address: _____

_____ Post Code: _____

Tel No: _____ Contact name: _____ Email: _____

Date of Birth: _____ Age: _____

Disability: (Please tell us what type of condition you have and how it affects you)

Does applicant reside with family? Yes No

If No, or part-time, please give details and address:

_____ Post Code: _____

Tel No: _____ Contact name: _____ Email: _____

Name and address of: Occupational Therapist Physiotherapist

_____ Post Code: _____

Tel No: _____ Mobile No: _____

Email address: _____

Name and address of: GP Consultant Social Worker

_____ Post Code: _____

Tel No: _____ Mobile No: _____

***PLEASE INCLUDE A SUPPORTING LETTER FROM APPLICANTS
OCCUPATIONAL THERAPIST/PHYSIOTHERAPIST WITH THIS APPLICATION***

DETAILS OF FAMILY

Please tell us who lives at home:

Mother: Yes No

Full Name	Age	Occupation

Father: Yes No

Full Name	Age	Occupation

Single Parent Married Partnered Separated Widow/er

or other i.e. Guardian. Please state relationship to child: _____

Full Name	Age	Occupation

	Name/s	Age
Brother/s:	_____	

Sister/s:	_____	

Are there any other family members with a disability? Is yes, please give details:

Please state family residential status:

Owner **Tenant** **Other**

EQUIPMENT

1. What equipment are you applying for? Make, Model etc: _____
2. What is the total cost of the equipment: _____
3. How much are you requesting from us? _____
4. Please tell us where the balance will come from: _____

Quotations must be included with this application form

5. Have you received help from Action for Kids before? Yes No

If yes, please give details: _____

6. Have you approached any other organisations for the equipment you are applying for? Yes No

If Yes, please give details/outcome:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Please answer the following if you are applying for a wheelchair only:

7. Have you approached the NHS for a wheelchair voucher: Yes No

If Yes, please give outcome: _____

If No, please give reason why not: _____

8. Does applicant have a wheelchair already? Yes No

If Yes, give reason why he/she requires another one? _____

We are conscious that people may find the following questions intrusive, however because we are stewards of public funds we have a legal duty of care to the people who provide these funds. We therefore have to ensure that we grant the funds we raise to people who genuinely need them.

To do this we need to gather personal information about financial matters. This information is strictly confidential; we may require further information (and reserve the right to ask for it) when we receive the completed application form.

Unfortunately we will not be able to process your application unless you have completed the form in it's entirety, therefore, please do not leave any blank spaces.

Thank you.

STATEMENT OF FINANCIAL DETAILS

Income weekly	£	Expenditure Weekly	£
Income/Salary of Mother:	.....	Rent/Mortgage:	.....
Income/Salary of Father:	.....	Council Tax:	.....
DLA (Care and Mobility):	.....	Gas/Electric/Water:	.....
Any other income:	.....	Insurance:	.....
From:	.....	H/hold expenses i.e. food:	.....
From:	.....	Car expenses:	.....
From:	.....	Childcare:	.....
From:	.....	Total other expenses:	.....
		<small>(List on separate sheet and attach)</small>	
Total weekly income:	.....	Total weekly expenditure:	.....
Savings:	.....	Current debts/arrears:	.....
What contribution can you make towards the cost of this equipment?			.....

Is the applicant in receipt of any financial assistance from a government scheme or department or from any other welfare association or any other source? Yes No

If yes, please give details: _____

In support of this statement you must enclose copies of payslips, benefit books, bank statements and evidence of expenditure i.e. bills, invoices etc. (These will be returned to you)

TERMS AND CONDITIONS

Unless otherwise stated in writing prior to the delivery of granted equipment, it will be a condition of the grant that all powered wheelchairs provided by Action for Kids are provided on permanent loan until such time as the beneficiary has no further use for it. It must thereafter be returned to the charity.

The equipment must be kept while on loan in good working order. The charity will at its discretion make further grants for maintenance of the equipment providing no misuse has taken place. Action for Kids reserves the right to recover the equipment where such misuse, negligence or lack of use is established. Action for Kids will not be responsible for repair to accidental damage and therefore it is strongly recommended that insurance cover is taken out. Your signature on this application will signify acceptance of these conditions.

DECLARATION

I declare that the information I have given on this form is correct and complete and that I have read the guidelines and conditions of Loan for this application and fully understand their meanings and that I agree to the terms and conditions contained therein.

I declare that Action for Kids may request any information from the people or organisations named in this application.

I confirm that I am authorised by the applicant to give consent to processing of the personal data supplied in this application form.

Data Protection Act 1998 Notice

Action For Kids Charitable Trust (“AFKCT”) will hold and use your/the applicant’s personal information for the purposes of processing this grant application. AFKCT will not disclose your/the applicant’s personal details to any third parties without your consent.

In signing this application I agree to the purposes for which AFKCT will put my/the applicant’s photograph for fundraising purposes.

I agree that Action for Kids may, if it feels necessary, approach other sources for help on my behalf and that the intended beneficiary’s photograph may be used, where necessary, for fundraising purposes.

Signature of applicant or legal

Guardian where applicant

Is under 18 years of age Date

Name of Signatory.....