

## Shoes Grant Application Form

*All fields must be completed to enable your application to be considered.*

1. APPLICANTS DETAILS			
Does the person have Cerebral Palsy?	YES / NO	Full Name:	
Is this a first time application?	YES / NO	Address:	
<i>If Yes – please enclose proof of diagnosis eg. letter from a health professional.</i>			
Date of birth:	/ /		
Telephone No:			
Email Address:		Postcode:	

2. NAME OF PERSON COMPLETING THIS FORM <i>if not the applicant</i>			
Full name:		Address:	
Relationship to applicant:			
Telephone No:			
Email Address:		Postcode:	
How did you find out about us?			

3. SHOES GRANT DETAILS
<ul style="list-style-type: none"> <li>We will reimburse the cost of one pair of shoes per 12 months period.</li> <li>Please state the name of the person we should make cheque payable to.</li> <li>Please send us the original receipt for the pair of shoes along with this application form and letter confirming diagnosis if this is your first time applying for a grant.</li> </ul>

CONSENT & SIGNATURE	
By submitting your application you are consenting to your details being kept on our SCPS database.	
We would like to contact you regarding our future events. <i>Please tick here if wish to be kept informed:</i>	
If you are interested in volunteering and would like us to contact you to discuss this please tick here:	
I confirm that the information on this form is correct.	
Name: .....	
Signature:.....	Date:...../...../.....

PLEASE NOTE
<ul style="list-style-type: none"> <li>We will consider one shoe application per calendar year.</li> <li>We are unable to consider your application without all relevant or supporting documentation.</li> <li>If any information is missing from your application this will delay your request.</li> <li>If we need to write to you to request outstanding information but do not hear from you within 2 months from the date we contact you, we will close your request.</li> <li>Monies will be paid to you by cheque only for all shoe grants.</li> </ul>

### WHERE TO SEND YOUR APPLICATION & SUPPORTING DOCUMENTS;

**BY POST:** Shropshire Cerebral Palsy Society, PO Box 265, Oswestry, Shropshire, SY10 1FB

**BY EMAIL:** [enquiries@shropshirecerebralpalsysociety.co.uk](mailto:enquiries@shropshirecerebralpalsysociety.co.uk)

**Registered Charity: 217156**