



Date application received:/...../.....
 Trustee Meeting Considered:/...../.....

Wheelchair Grant Application Form

WE WILL ONLY PART FUND WHEELCHAIRS. YOU MUST APPLY TO OTHER CHARITIES ASWELL. See section 4.

1. APPLICANTS DETAILS

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

2. NAME OF PERSON COMPLETING THIS FORM *if not the applicant*

Full name:		Address:	
Relationship to applicant:			
Telephone No:			
Email Address:		Postcode:	
How did you find out about us?			

3. WHEELCHAIR GRANT APPLICATION

You must complete all 5 questions in this section and send us all requested documents along with this application form.		<i>Tick to show you have completed / enclosed required paperwork</i>
3.1.	<u>Please tell us why you would like to apply for a grant towards a wheelchair and how this will directly benefit the applicant:</u> (Please continue on a separate piece of paper if required)	
3.2.	<u>Have you applied to a statutory service such as Shropshire Wheelchair Service?</u> <u>If yes, please provide details</u>	YES / NO
3.3.	<u>Please provide a detailed supporting letter from a health professional.</u> This needs to clearly detail how the requested item meets the applicants seating & postural needs and why this cannot be provided by Shropshire Wheelchair Services. <i>Please advise us if this is not possible.</i>	

3.4.	<p><u>Please provide a detailed quote and image of the wheelchair requested from at least 2 companies.</u> A webpage print out will not be accepted.</p>	
3.5	<p><u>What is the cost of the wheelchair you would like a grant towards?</u></p>	

Please note that we will consider wheelchair grants for individual applicants on a three yearly basis.

4. Have other charities and organisations been approached and what has been the response? Please note we may contact them directly if required.

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5. 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 you 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

- We are unable to consider your application without all relevant or supporting documentation.
- If any information is missing from your application this will delay your request.
- 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.
- No monies will be paid to individuals *only suppliers of goods or services* by cheque or debit card only.
- No monies will be paid retrospectively to any requests under any circumstances.

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

Registered Charity: 217156

Any personal information you give to us will be processed in accordance with the General Data Protection Regulation 2018