

## Other Goods Application Form

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 <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. GOODS DESCRIPTION			
<p><b>PLEASE NOTE THAT IF YOU ARE REQUESTING A GRANT TOWARDS ANY OF THE FOLLOWING NEEDS, A SUPPORTING LETTER FROM A RELEVANT PROFESSION IS REQUIRED eg consultant / GP / Health Professional;</b></p> <ol style="list-style-type: none"> <li>1. Postural support / seating / mobility</li> <li>2. Educational</li> <li>3. Communication</li> <li>4. Developmental</li> </ol>			
<p><b>You must complete all 5 questions in this section and send us all requested documents along with this application form.</b></p>			<p><i>Tick to show you have completed / enclosed required paperwork</i></p>
3.1	<p><u>Please tell us what you would like to apply for a grant for?</u></p>		
3.2.	<p><u>Please tell us how this will directly benefit the applicant:</u> (Please continue on a separate piece of paper if required)</p>		
3.3.	<p><u>Have you applied to a statutory service for this item eg Childrens Services/Adult Social Care?</u></p> <p><u>If yes, please provide details</u></p>		YES / NO
3.4.	<p><u>Please provide a detailed supporting letter from a health professional.</u> <i>Please advise us if this is not possible.</i></p>		
3.5.	<p><u>Please provide a detailed quote and image of the item requested from at least 2 companies.</u> A webpage print out will not be accepted.</p>		
3.6	<p><u>What is the cost of the itemr you would like a grant towards?</u></p>		

**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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2	
3	

**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**