



Date Application Received: / /

Trustee Meeting Considered: / /

Shoes Grant Application Form

APPLICATION NOTES

The form can be filled out using Adobe Acrobat. This is free software that can be downloaded from the link below if it is not already pre-installed on your device.

<https://get.adobe.com/uk/reader/>

Alternatively this form can be printed and manually filled in - this can then be posted or emailed back to us.

- 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 contact 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.
- Please give bank account details for transfer of funds, or who cheque should be made payable.
- We will reimburse the cost of two pairs of shoes per 12 month period
- 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.
- Any personal information you give to us will be processed in accordance with the General Data Protection Regulation 2018

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

1. APPLICANTS DETAILS

Does the person have cerebral palsy?

Is this a first time application?

If Yes - please enclose proof of diagnosis. E.G. Letter from a health professional.

Full Name:

Date of Birth:

Telephone Number:

Address:

Postcode:

Email Address:

2. NAME OF PERSON COMPLETING THIS FORM (if different to above)

Full Name:

Telephone No:

Relationship to Applicant:

Address:

Postcode:

Email Address:

How did you find out about us?

3. HAVE YOU ATTACHED ALL RELEVANT DOCUMENTATION?

Original Receipt

Diagnosis Letter

N/A

4. CONSENT AND 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. *Please tick here if you wish to be kept informed.* If you are interested in volunteering and would like us to contact you to discuss this please tick here: Digital signatures will be accepted.

I confirm that the information on this form is correct.

Name

Date

Signature

WHERE TO SEND YOUR APPLICATION AND SUPPORTING DOCUMENTS

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

BY EMAIL: enquiries@shropshirecerebralpalsysociety.co.uk