



Date Application Received: ..... / ..... / .....

Trustee Meeting Considered: ..... / ..... / .....

## Other Goods 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.
- **No monies will be paid to individuals, only suppliers of goods or services, by cheque or debit card only unless in exceptional circumstances approved by the Trustees.**
- **No monies will be paid retrospectively to any requests under any circumstances.**
- 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. GOODS DESCRIPTION

If you are requesting a grant towards any of the following - a supporting letter from a relevant profession is required eg Consultant/GP/Health Professional

- Postural Support/Seating/Mobility • Educational • Communication • Developmental

**You must complete all questions in this section and send us all requested documentation along with this application form.**

Tick to show you have completed/enclosed required paperwork

3.1 Please tell us what you would like to apply for a grant for and how this will directly benefit the applicant. (Continue on a separate piece of paper if required)	
3.2 Have you applied to a statutory service for this item e.g. Childrens Services/ Adult Social Care? If Yes Please provide details.	
3.3 Please provide a supporting letter from a health professional if required. Please advise if this is not possible.	
3.4 What is the cost of the item you would like a grant towards?	

### 4. OTHER CHARITIES AND ORGANISATIONS

Have other charities or organisations been approached? What has been the response? Please note that we may contact them directly if required.

1.	
2.	
3.	

### 5. 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.**

<b>Name</b>		<b>Date</b>	
<b>Signature</b>			

### 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