



cerebral palsy plus
listening to individuals

Adult Grant Application Form

Grant No.....
(Office Use Only)

Section 1 - Personal Details

Surname:

Other Names:

Address:
.....
.....
.....

Postcode:

Telephone No:

Date of Birth:



Are you in Full/Part Time Education **Yes/No**
If yes, please give details:

Social Workers Name:
(if you have one)

Contact Details:
.....
.....

Section 2 - Details of Your Disability

Please answer the following sections in as much detail as possible.

- 1. What is the medical name for your disability/ disabilities (please include type of cerebral palsy)**

- 2. Briefly please give details how, day to day, you are affected by your disability and the level of your mobility**

Section 3 – Financial Details

Please answer the following tick box questions about your family/ household situation

1. Is your household income :

£0-£20,000 £20,000-£40,000 £40,000- £70,000 above £70,000

2 Are you:

- a lone parent
- living with your parents
- living in sheltered accommodation or independent living facilities
- living with a partner
- living with your partner and children
- Living in your own or rented accommodation

3 Does anybody else in your home or family have additional needs or is registered disabled? Please give details below:

4. Do you or your partner/ carer/ family own the home you live in or do you live in rented accommodation? Please give details below

5. Please indicate, from the list below, all the benefits and allowances that you receive.

Disability Living Allowance		Attendance Allowance: (over 65yrs)	<input type="checkbox"/>
Care Component:	Lower Rate		<input type="checkbox"/>
	Middle Rate	Income Support:	<input type="checkbox"/>
	Higher Rate	Unemployment Benefit:	<input type="checkbox"/>
Mobility Component:	Lower Rate	Incapacity Benefit:	<input type="checkbox"/>
	Higher Rate	Employment and Support Allowance	<input type="checkbox"/>
Carers Allowance:		Other: (Please Name)	<input type="checkbox"/>

6. Education/ Occupational details

Please tick one or more of the following options and provide more detail in the larger box below.

I am in:

- full time education
- part time education
- employment or voluntary work (full or part time)
- day care centre attendee
- Other**

7. Please provide details of your education or occupation including frequency you attend (no. of hours, days), the name of your educational establishment and if in Bristol or out of authority.

Section 4 - Grant Details

1. Please tick the correct grant category for your application.

Holiday	<input type="checkbox"/>	Assessment	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Education	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	Computers	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	Furnishings	<input type="checkbox"/>
Driving Lessons	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>
Relocation	<input type="checkbox"/>	Home Improvements	<input type="checkbox"/>
Emergency	<input type="checkbox"/>	Other	<input type="checkbox"/>

2. Please give details of what you are applying for and the approx cost (please attach supporting quotations)

Cost £ _____	
If grant is successful, would you prefer to purchase item then get reimbursed?	YES/NO
OR	
We can purchase item directly?	YES/NO

3. Please give details of any professional advice you have had in relation to this grant request (e.g. occupational therapist, speech and language therapy, physiotherapist)

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4. Why would you like this grant and what difference will it make to you?

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5. Please fill out the relevant sections below

Have you previously had assistance from CP Plus (Scope Bristol)?	Yes/No
If yes, please give details. Date: Grant Category:	
Are you applying for assistance elsewhere?	Yes/No
If yes, please give details Name of Organisation: Amount applied for (£):	
Will there be on-going costs?	Yes/No
If yes, please give details of how will these be met.	
Has an application for this been rejected by anyone else?	Yes/No
If yes, Please give details Name of Organisation: Amount applied for (£):	

Section 5 – Additional Information

1. If you have any additional information you feel would support your application please attach it to this form on a separate sheet

Section 6 – Consents

I am/am not happy for details of this grant (if successful) to be used in Cerebral Palsy Plus:

- newsletters
- publicity materials
- website
- funding applications

I consent/do not consent to photos of me and/or my child/children being used in these publicity materials:

- newsletters
- publicity materials
- website
- funding applications

Confidentiality Statement

Information provided will be treated confidentially and in accordance with the Data Protection Act 1998 and only used to ensure that everyone is treated fairly

Declaration: I declare that the information on this form is true and complete.

If you cannot sign the form yourself another adult can sign on your behalf. (If so please give full name and relationship to applicant) In the case of a child then the parent or guardian detailed on the form should sign.

Signature:

Relationship to Applicant:

Date:

Please return the application to:

Cerebral Palsy Plus
Vassall Centre
Gill Avenue
Fishponds
Bristol
BS16 2QQ

Tel: 01179 655 028

E mail: office@cerebralpalsyplus.org.uk