



**cerebral palsy plus**

*listening to individuals*

**Under 16's Grant Application Form**

**Grant Number:** .....  
(Office use only)

**Section 1 - Personal Details**

*Please remember this form is for a child. The details you give should be about them.*

**Surname:** .....

**Other Names:** .....

**Address:** .....  
.....  
.....  
.....

**Postcode:** .....

**Telephone No:** .....

**Date of Birth:** .....

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**Full Name of Parent or Guardian:**.....

**Relationship to Child:**.....

**Does the Child live with you: Yes/No**  
**If No, please give details:**

**Does the Child attend School: Yes/No**

**Name of School:**.....

**Social Workers Name:** .....  
(if you have one)

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

## **Section 2 - Details of Your Child's Disability**

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

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

- 2. Briefly please give details how, day to day, your child is affected by their disability and their level of mobility**

### **Section 3 – Financial Details**

To be completed by Parent/Guardian

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

**1. Is your household income:**

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

**2. Are you:**

- a lone parent
- living in sheltered accommodation or independent living facilities
- living with a partner
- living with your partner and other children (please detail no. of additional children below)

girls

boys

**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. In the case of a child, this includes benefits and allowances claimed by parent or guardian.**

Disability Living Allowance		Attendance Allowance: (over 65yrs)	<input type="checkbox"/>
Care Component:	Lower Rate <input type="checkbox"/>	Income Support:	<input type="checkbox"/>
	Middle Rate <input type="checkbox"/>	Unemployment Benefit:	<input type="checkbox"/>
	Higher Rate <input type="checkbox"/>	Incapacity Benefit:	<input type="checkbox"/>
Mobility Component: (for children aged over 3yrs)	Lower Rate <input type="checkbox"/>	Other: (Please Name)	<input type="checkbox"/>
	Higher Rate <input type="checkbox"/>		
Carers Allowance:	<input type="checkbox"/>		

**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, physio therapist)**

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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 in 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**

**9. 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](mailto:office@cerebralpalsyplus.org.uk)