



GRANT APPLICATION FORM

STRICTLY PRIVATE AND CONFIDENTIAL

Please read the application guidelines and instructions on how to fill in the form. If you need guidance filling in this form please email jptgrants@muscular dystrophyuk.org or telephone 07736993130.

*Please fill this form out in the name of the person affected and requiring funding (the applicant). **If the applicant is under 18 please give details of parent/guardian and ensure that they have provided us with signed consent or we will be unable to process your application.***

(PLEASE USE BLACK INK AND BLOCK LETTERS)

Details of person requiring assistance

Title	
First name	
Surname	
Address	
City	
County	
Postcode	
Phone Number	
E-mail	
Age	<i>(If you have one)</i>
Date of Birth	

(IF APPLICANT IS UNDER 18)

DETAILS OF PARENT/ GUARDIAN

Surname: Mr/Mrs/Miss/Ms:

Forename/s:

Address:

Town: County:..... Postcode:.....

Telephone Number:

E-mail Address:
(If you have one)

DETAILS OF PERSON COMPLETING THE FORM

Please indicate who is completing the form

Applicant

Parent/Guardian

Other **(if ticked, please complete the details below)**

Your name	
Your address	
Postcode	
Telephone	
What is your relationship to the applicant?	

I have permission from the applicant / parent to apply on their behalf

Muscle-wasting condition

Type of neuromuscular condition:

Type of Equipment

Choose the type of requested equipment

Please select one item. If you require more than one item, you will need to complete another application form.

Wheelchair

Electric Wheelchair

Other Equipment Types

Electric Wheelchair Adaptations

Power Assist Wheelchair Adaptations

Scooter / Trike

Please note: Grants will be paid directly to a supplier on receipt of an invoice. We are unable to pay grants directly to individuals. If a supplier is unable to invoice us, please contact the Joseph Patrick Trust to discuss this.

We are unable to provide grants towards any equipment purchased prior to a grant being awarded.

Details of equipment

Please give details of the item including model details and other specifications. **A quotation for the equipment must be enclosed with the application.**

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.....

Have you had the opportunity to test the suitability of the required equipment? Yes / No

Please provide details

.....
.....

Cost of equipment

See Equipment Tariff before completing this section

What is the total cost of the equipment? £.....

How much are you requesting? £.....

Please note that the maximum you can request is the amount specified on our tariff as JPT only part fund equipment. See guidelines.

An assessment letter from a health professional must be provided.

Please tell us who is providing the letter.

If you are unsure of who can provide a letter of support, please refer to the Grant Guidelines.

Title

First name

Surname

Qualification / occupation

Employer

Employer Address

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.....

.....

Contact telephone

Email

Have you already sought other funding? Yes No

If yes, please specify from who and what the outcome was

.....

.....

.....

The Joseph Patrick Trust offers part-funding and does not provide the full cost of the equipment. How will the balance be raised?

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.....

In the words of the applicant, how will this equipment be of benefit to the individual?

What difference will this equipment make?

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Applying For A Wheelchair

(Fill in if you are applying for a wheelchair)

Grants may be made towards the cost of an Electric Powered Indoor/Outdoor wheelchair (EPIOC). It is mandatory that you have already sought funding/a wheelchair from the NHS Wheelchair Service, and provide proof of this. The Trust however recognises that there is a postcode lottery in relation to wheelchair and equipment provision. This means that waiting times for NHS assessments and equipment, assessment criteria and the quality of NHS equipment vary.

Please refer to our Grant Guidelines for more information.

1. What is the name / location of your NHS Wheelchair Service?

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.....

2. Have you approached the NHS wheelchair service for a wheelchair of any kind?

Yes
No

If yes, what was the outcome?(Please attach any paperwork or correspondence)

.....
.....
.....
.....

3. Do you already have a wheelchair?

Yes
No

Further Information

1. Telling your story – Can you help with our publicity?

Personal stories always make magazine features, fundraising packs or news articles much more compelling and show very powerfully the impact muscular dystrophy has on people's lives. We campaign on a variety of issues, so the more information we have about your personal experiences; the better we are able to find stories that most clearly illustrate particular circumstances or problems.

Would you be happy to be contacted about sharing your story?

Yes
No

We will not pass on your information to anyone without your prior consent.

2. Keep involved

We'd love to share updates with you about MDUK work, opportunities to take part in events and other ways to help beat muscle-wasting conditions.

Please keep me involved via: email text phone

Please do **not** contact me by post

Stay in control of your details

We will never share your details with anyone. We will only contact you in the ways that you wish, making use of the information you've told us (including your muscle-wasting condition) and publicly available information. We want to make sure what we communicate with you is relevant to your interests. Our privacy policy is available on our website or by phoning 0300 012 0172.

General Terms and Conditions

The Joseph Patrick Trust provides a grant towards the cost of the purchase of equipment. Funding is provided on condition that the equipment is the property of the individual / family or a NHS Wheelchair Service, in partnership with the individual. In providing finance for the purchase of the equipment, the Joseph Patrick Trust does not take responsibility for the suitability or quality of the equipment or any liability for damage caused by the equipment or its use. When an individual has no further use for the equipment it is their responsibility to dispose of the equipment.

The Trust requires individuals to

- ensure the equipment is safe and appropriate
- care for and maintain the equipment in good working order (carrying out necessary maintenance)
- use the equipment safely and with due respect to others
-
- Make sure you have appropriate insurance for the equipment

Joseph Patrick Trust will not provide grants for the following:

- Holidays, household adaptations or building works, domestic appliances.
- Equipment which has already been purchased.
- Recurring costs - Wheelchair repairs, insurance, batteries, tyres etc.
- Purchase or lease of vehicles; vehicle deposits; maintenance or repair of vehicles.
- Equipment not listed on our tariff

I understand that I am responsible for ensuring that the equipment is appropriate for the applicant and operating safely.

I agree to be responsible for ensuring that the equipment is used safely and correctly at all times

Insurance Cover

The equipment you are requesting funding for is expensive. The best option is to get an extended warranty but you may also need to purchase insurance cover. It is your choice what insurance company you use. If the equipment is inside your home at all times, the cheapest way may be to insure the equipment as a specific item within your home insurance policy.

I agree to care for and maintain the equipment in good working order and am responsible for keeping the equipment insured

Electric Wheelchairs, Scooters and Other Powered Mobility Equipment

Highway Code

If you are applying for funds for a class 3 wheelchair, for the use of a young person under the age of 14 years, the speed setting must not be more than 4mph. You are responsible for ensuring that the wheelchair supplier has set the limiter to 4mph.

You can find the relevant section of the Highway Code here:

http://www.direct.gov.uk/en/TravelAndTransport/Highwaycode/DG_069852. We strongly recommend that you read the relevant sections of the Highway Code.

Are you applying for powered mobility equipment?

Including scooters and electric wheelchairs. The Joseph Patrick Trust requires individuals to take out a specialist insurance policy to cover accidental damage and third party liability.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

I agree that I will keep the equipment insured against damage and third party liability at all times.

I plan to insure the equipment with

If funding from the Joseph Patrick Trust is no longer required after award has been made, please inform the Joseph Patrick trust as soon as possible. The funds are available for use for up to eighteen months, at which time we will get in touch with you to see if the funds are still required if we have not heard from you.

Supporting documentation

Upon receipt of the signed form and all supporting documentation, submission of your application will be complete and you will be notified that your application will be considered by the JPT Grants Panel.

If you have any questions about this process please get in touch with us at JPTgrants@muscular dystrophyuk.org.

I will provide an assessment letter from an independent health professional at a later stage (**Please note:** your application cannot be finalised until this document is provided.)

I will provide an official quotation on letter headed paper for equipment at a later stage (**Please note:** your application cannot be finalised until this document is provided)

I will provide evidence that I have **already sought funding/a wheelchair from the NHS Wheelchair Service, and have provided evidence of this.**

Extra Information

Are you (or a member of your family) a Trustee of Muscular Dystrophy UK? Yes
No

Do you (or a member of your family) sit on any of Muscular Dystrophy UK Committees? Yes
No

This will not affect your eligibility for you to receive a grant.

If yes, please give details (*including name of the committee*)

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Information Integrity

I declare that the information I have given on this form is correct and complete, and I understand that information given will be held under the terms of the Data Protection Act.

Contacting parties of the Application

I agree that the Joseph Patrick Trust may request any information from the people or organisations given in this form should it be considered necessary, in order to deal with this application.

Consent

Please obtain consent from the applicant, or his/her parent/guardian (where applicant is under 18) if you are filling in this form on behalf of someone else. Only signed consent i.e. signature of applicant or applicant's parent/guardian below will be accepted.

Signature of applicant (*if applicant is under 18 should be signed by parent or guardian*)

.....Date:

Return form via email toJPTGrants@muscular dystrophyuk.org

If you are unable to email your form, you can submit your application by post to:

**Joseph Patrick Trust
Muscular Dystrophy UK
61A Great Suffolk Street
London
SE1 0BU**