

Murray's Muscles

GRANT APPLICATION FORM

STRICTLY PRIVATE AND CONFIDENTIAL

EMAIL VERSION

Please read the guidelines and instructions on how to fill in the form.
If you need further guidance filling in this form please telephone 01905 779 907.

Please fill in ALL sections of the form as required.

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 in 'Section F' or we will be unable to process your application.**

SECTION A:

1. DETAILS OF PERSON REQUIRING ASSISTANCE (APPLICANT)	2. DETAILS OF PARENT/ GUARDIAN (If applicant is under 18)
Surname :	Surname :
Forenames :	Forenames :
Address :	Address :
Town :	Town :
County :	County :
Postcode :	Postcode :
Tel No :	Tel No :
e-mail : <i>(If you have one)</i>	e-mail : <i>(If you have one)</i>
Neuromuscular Condition: Age: Date of Birth:	Relationship to applicant

SECTION B:

WHAT DO YOU REQUIRE THE GRANT FOR?

If you are applying for wheelchair funding please also complete Section C

1. Type of Equipment
2. Equipment Details (Make, Model, Specification etc) <p style="text-align: center;">PLEASE NOTE: A quotation for the equipment must be enclosed with this application.</p>
3. Cost of Equipment What is the total cost of the equipment? £ How much are you requesting? £

4. Equipment Assessment

An assessment letter from a professional must be enclosed.
(E.g. Specialist Clinician, Doctor, Physiotherapist, OT, MDC Regional Care Advisor)
 The letter should detail:

- Needs of the applicant;
- Needs for this specific model / equipment specification;
- Health and safety considerations;
- Reason the equipment cannot be provided by a statutory authority and / or what contribution is being made by a statutory authority (e.g. NHS voucher) (see notes)

Name of the assessor :

Qualification / Occupation :

Employer :
 (e.g., NHS,)

5. Funding In most instances the Charity does not provide the full cost of the equipment.

Have you already sought other funding? Yes No

If yes, from who?
(E.g. NHS, Education Authority, Wheelchair Service, Social Services another Charity or Trust)

And what are the outcomes (or are you still waiting)?

What contribution will you be making from your own fundraising?

6. Benefits to the Applicant

In your own words how will this equipment be of benefit to the applicant? What difference will this equipment make?

SECTION C: *(Fill in 'Section C' ONLY if you are applying for a wheelchair. If not, go to 'Section D')*

APPLYING FOR A WHEELCHAIR

The information you provide on this page will be used so that the Murray's Muscles Charity can achieve a better understanding of what is happening in the NHS Wheelchair Service. This will help us to campaign for better provision of wheelchairs under the NHS.

Please note: your answers will not affect your eligibility for Murray's Muscles Charity funding.

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

2. Have you approached the NHS wheelchair service for an Electric Powered Indoor/Outdoor Wheelchair or a manual lightweight wheelchair? Yes No
 If **NO** please tell us what your reason is for not approaching the NHS?

3. Do you already have a NHS wheelchair? Yes Powered Manual No
 If **yes** why do you need another wheelchair? *(Please give full details e.g. the added functions you require)*

If you need a wheelchair but do not have one, why do you not have a wheelchair?
(Please give full details e.g. waiting list – how long you have been waiting, have you been offered / are you in receipt of a wheelchair voucher?)

SECTION D:

FURTHER INFORMATION

1. Funding from other Sources :
From time to time the Murray's Muscles Charity, in partnership with other charities and organisations, is able to offer additional funding for the full cost of an item of equipment. Receiving an item of equipment might, however, involve attending an event to receive the equipment and local publicity and media coverage. Are you happy for us to consider you for this additional funding? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. 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 willing to share your story? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>You can be sure that your information will not be passed to anyone else without your prior consent.</i>
3. Further Information In order to process your application, it will be necessary for your details to be added to a secure database. This means that we may contact you from time to time to provide you with further information about Care & Support events, Campaigning and volunteering opportunities. If you do not wish to receive further information from us please tick here <input type="checkbox"/>

SECTION E:

TERMS & CONDITIONS

The Murray's Muscles Charity 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 Murray's Muscles Charity **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. Where the equipment is a class 3 wheelchair, for the use by a young person under the age of 14 years, the speed setting must not be more than 4mph. When a grant is made for such a wheelchair the parent/guardian of the young person will be sent a copy of the Highway Code, required to sign a statement agreeing to this stipulation and responsible for ensuring that the wheelchair supplier has set the limiter to 4mph.

The Murray's Muscles Charity 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
- Insure the equipment appropriately

I understand that I am responsible for ensuring that the equipment is appropriate for the applicant and operated in a safe manner at all times. <input type="checkbox"/>
I agree to be responsible for ensuring that the equipment is used safely and correctly at all times <input type="checkbox"/>
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 <input type="checkbox"/>

FILL IN ONLY IF APPLYING FOR POWERED MOBILITY EQUIPMENT (including scooters and electric wheelchairs)

(The Murray's Muscles Charity requires individuals to take out a specialist insurance policy to cover accidental damage and third party liability.)

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:

(Name of Insurance company)

SECTION F:

DECLARATION

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.

I agree that the Murray's Muscles Charity 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 applicant, parent/guardian 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:

For people filling in this form on behalf of the person applying for help

Your Name: _____

Your Address: _____

Postcode: _____

Telephone Number (Day Time): _____

What is your relationship to the applicant? _____

Supporting Documentation Check List:

Please check that the following documentation is attached in your email to us:

The correctly completed signed application form	<input type="checkbox"/>
A consultants letter confirming the applicants condition	<input type="checkbox"/>
An assessment letter from a professional	<input type="checkbox"/>
A quotation for the equipment (including an extended warranty)	<input type="checkbox"/>

Your application will not be considered until all of these are received.

Email: getintouch@murraysmuscles.co.uk

Murray's Muscles
Charitable Funding Application
1 King George Avenue
Droitwich Spa
WORCS
WR9 7BP

Tel: 01905 779907

Website: www.murraysmuscles.co.uk

Registered Charity No. 1137212

Additional Notes that you want to add in support of this application:

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