



Dear applicant

Thank you for requesting an equipment grant application form.

The equipment applied for must be essential and the disability significant. All applications need to be supported by a professional involved in the child's care who can confirm that the particular type of equipment needed is in the child's welfare, safety and benefit.

We do not fund adaptations to homes and vehicles and our grants are for the benefit of an individual child so we do not fund equipment for organisations such as schools or therapy centres for group use.

In applying for a grant applicants should be aware that we do not run a 'means tested' system as we do not believe this is the best way to establish whether a child/family needs a grant or not. The needs of the child are our primary concern. However, like all charities, our funds are limited therefore we ask that you make a donation to Remembering Rebecca for the equivalent unspecialised equipment and we will 'top up' this sum with our funds.

We can work in partnership with a family or another organisation to part fund towards a piece of equipment. Whatever it takes we will try to assist all applicants and if we cannot we will try to point you in the right direction for the help you need from other sources.

Once we receive your application we will check that it is complete. If there are outstanding items we will raise these with you or the professional involved.

If your grant is successful we will write to you with an offer letter which will detail the donation to be made. Once you have accepted the terms of the offer, by signing and returning the letter, we will place the order. The process will be as speedy as possible.

If you require any further information please do not hesitate to contact us at rememberingrebecca@hotmail.co.uk.

Equipment Grant Application . . .

I am a parent/carer applying

Yes No

I am a professional applying on behalf of a family

Yes No

Child's details

First Name Surname

Date of Birth Female Male

Parent/primary carer details

Mr/Mrs/Ms/Other (Please state)

First Name Surname

Address

..... Postcode

Tel No Daytime Evening

Email

Please tell us the child's diagnosis and/or give the main cause of the difficulties to your child and/or family (please attach a separate sheet if required):

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

Please tell us how you think we can specifically help your child and/or family at this time:

.....
.....

Have you made a previous application for a grant?

Yes No

Was your application successful?

Yes No

If you are a professional applying on behalf of a family, please give the following details:

Name Job Title

Address

..... Postcode

Tel No Email

Has the family given permission for this application?

Yes No

Have you read the completed application in full?

Yes No

Can you/the family/carers make a contribution towards the cost of the equipment? If so and your application is successful we will arrange for you to make a donation to us in your child's name to allow us to make the purchase by topping up this sum from our funds. This can be by cheque or bank transfer.

Yes No funds are available

Is there any funding available from any other sources to support this application such as 'Wheelchair Service Vouchers', existing fundraised income or contributions from other charities?

If yes – how much and from where?

In making this application would you be willing, in principle, to cooperate with a fundraiser in your area to help them raise funds towards the purchase of this item. This may include local publicity?

Yes No

Have you applied to any other charity for this specific equipment?

Yes (Please state) No

We ask that applications also enclose a photo of the child and, if the application is successful, we will request a further photograph of the child and equipment. This can help us in a number of ways but mainly with fundraising to get the equipment you have requested.

I enclose a photograph with my application Yes No

I agree to provide a photograph after a grant is made Yes No

I agree to the photos/information I have provided to be used; (Please tick one)

- for internal purposes, not to be used for fundraising etc
- anonymously for fundraising purposes – no real names or areas will be used, the images will only be used with an outline of the need and a pseudo name will be created for fundraising purposes along with the child's first name, age, county (not full address) and outline of need To help us decide if you are eligible for assistance, we may ask for further information relating to your child's disability and its effect on your family life from professionals linked to your child's:
-

- Health care (e.g. GP, hospital consultant, paediatrician, physiotherapist, psychologist and/or health visitor)
- Education (e.g. teacher, educational psychologist, nursery staff and/or support staff)
- Social care (e.g. social worker and/or occupational therapist)

The information we collect from you and from third parties is stored securely. Details of how you can obtain a copy of information held by us about you and your child are available on request.

In considering and processing your application we may need to disclose limited information to professionals and funders. If you receive equipment from us, we will pass information about you to the supplier so they can provide you with the goods.

Conditions of Grant

- Remembering Rebecca retains the title to the equipment provided unless otherwise agreed. The items are to be held in perpetuity. They must not be sold, leased or disposed of in any way, without prior written permission from Remembering Rebecca within two years of delivery.
- The maintenance, repair and insurance of the equipment remain under the applicants control unless otherwise agreed.
- Remembering Rebecca accepts no liability to renew, replace or repair the equipment.
- Upon disposal of this equipment, if this results in a sale/income, we would request a donation back to the Charity of any funds realised.

Declaration

I agree to abide by the above conditions.

I consent, on behalf of myself and my family, to the collection and use of my and my family’s personal information, as set out above and declare that I am authorised to give consent on my family’s behalf for the collection and use of the accurate personal information provided.

Name Date.....

Signature

Please send your completed application and supporting professional letters to;

Equipment Grant
 Remembering Rebecca
 14 Bonnyrigg Close
 Ingleby Barwick
 Stockton on Tees
 Ts17 0pg

Supporting professional letters must confirm;

- Diagnosis of the child
- Items required are specific to child's needs
- Cost inc VAT and delivery costs
- Full specification of equipment requested
- That no other funds are available