

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:

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?
(What type of cerebral palsy)**

- 2. Please give details of your child's disability, and how they are affected.**

- 3. What is the level of your child's mobility?**

- 4. Is your child a registered disabled or blind person Yes/No**

Section 3 – Financial Details

To be completed by Parent/Guardian

5. Please give details in the box below of your family/household situation

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6. 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: Lower Rate	<input type="checkbox"/>	Other: (Please Name)	<input type="checkbox"/>
Higher Rate	<input type="checkbox"/>		
Carers Allowance:	<input type="checkbox"/>		

7. Please give details of your occupation

Do you work?	Yes/No
If yes, please give details of your occupation.	

Section 4 - Grant Details

8. 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"/>

9. Please give details of the reason and approx. cost for the grant.

Cost £ _____

10. 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

11. Please use this section for any additional information you feel will help to support your application.

From time to time we may include details of grant requests, as an article in our newsletter.

If you would be willing for your request to be featured in a future newsletter, please tick this box and we will contact you again with more details.

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 claimant) In the case of a child then the parent or guardian detailed on the form should sign.

Signature:

Relationship to Claimant:

Date: