

Support Grant Application Form

Please refer to the DEBRA Support Grant Policy for full details. Grant funding is not awarded retrospectively. Any request where a statutory agency has a responsibility to pay for the item will not be funded.

We respect your privacy and will not pass your details on to any third party without your permission. Full details of DEBRA's Privacy Policy can be found at www.debra.org.uk/privacy

Part I – Application Information

Section I: Applicant Details

| | | | |
|--|--|--|--|
| Applicant's name | | Date of application | |
| This grant is for: | <input type="checkbox"/> Me <input type="checkbox"/> Other (<i>please specify</i>): | Date of birth (<i>for grant recipient</i>) | |
| Type of EB | <input type="checkbox"/> EB Simplex (EBS) <input type="checkbox"/> Dystrophic EB (DEB) <input type="checkbox"/> Junctional EB (JEB) <input type="checkbox"/> Kindler EB (KEB) <input type="checkbox"/> EB Acquisita (EBA) <input type="checkbox"/> Other (<i>please specify</i>): | | |
| Email address | | Telephone number | |
| Postal address (<i>including county & post code</i>) | | | |

Consent I give consent for DEBRA to forward my address/telephone number to supplier/retailer for delivery purposes

DEBRA, The Capitol Building, Oldbury, Bracknell, Berkshire, RG12 8FZ

☎ 01344 771961

✉ debra@debra.org.uk

🌐 www.debra.org.uk



debra
for people whose
skin doesn't work
we do

A charity registered in England and Wales (1084958) and Scotland (SC039654). Company limited by guarantee registered in England and Wales

Section II: Applicant's Financial Situation

| | | | |
|--|---|------------------------------------|---|
| Eligibility <i>(why you require charitable funds)</i> | | | |
| <input type="checkbox"/> Low income, including benefits <i>(i.e. under £30,000 annual household income)</i> | | | |
| <input type="checkbox"/> Financial hardship <i>(please explain):</i> | | | |
| <input type="checkbox"/> Temporary change in circumstances causing difficulty <i>(please explain):</i> | | | |
| <input type="checkbox"/> Grant is for items directly to help me living with EB | | | |
| <input type="checkbox"/> DEBRA has previously funded grants for me <i>(please explain, giving details of any grants they have had in the last 12 months):</i> | | | |
| Financial contribution | <input type="checkbox"/> Yes | I can put £ _____ towards the item | |
| | <input type="checkbox"/> No | I am unable to contribute | |
| Does your household receive any of the following benefits? <i>(please tick all that apply)</i> | | | |
| Disability Living Allowance | Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Mobility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Independence Payments | Living | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Mobility | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Housing Benefit | <input type="checkbox"/> Yes <input type="checkbox"/> No | Universal credit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Working Tax Credit | <input type="checkbox"/> Yes <input type="checkbox"/> No | Carers Allowance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Tax Credit | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| Have you applied to any other charity or organisation for this item or funding? <i>(please tick all that apply)</i> | | |
|--|---------|--|
| Charity /Organisation | Outcome | Will you apply for/investigate a backdated award? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section III: Request Details

| | | | |
|---|--|-------------|---|
| What does this request relate to? | <input type="checkbox"/> Something to help with EB <input type="checkbox"/> DEBRA Holiday Homes <input type="checkbox"/> Urgent item(s) <input type="checkbox"/> Other <i>(please specify)</i> : | | |
| Item needed <i>(please give full details including make and model, if appropriate)</i> | | Cost | £ |
| Why do you need this item? <i>(please state why if it needs to be a specific make/model, etc.)</i> | | | |
| What difference will it make? | | | |
| Are there any special circumstances you like us to be aware of? | | | |

Section IV: Application Submission

Please return to the Team Support Manager by email or post to:

Email: membership@debra.org.uk

Postal Address: The Capitol Building, Oldbury, Bracknell, Berkshire, RG12 8FZ

| | | | |
|---------------------|--|--------------|--|
| Signed | | Dated | |
| Printed name | | | |

Part II – DEBRA Office Administration (for office use only)

Community Support Manager to tick if they have filled out this form on behalf of the applicant with their consent.

Priority 1
(Essential)

Priority 2
(Enablement/QOL)

Priority 3
(Enrichment/Special)

All grants need to be authorised by a Community Support Manger and some grants require further authorisation. Criteria, categories and amounts reviewed annually.

Section I: Supported by Community Support Manager?

I confirm I have the verbal consent to proceed with the grant application from the named client as outlined in the policy document

| | | | |
|----------------------------|--|--|---|
| CS Manager | | Date | |
| Application support | <input type="checkbox"/> I DO support this application <input type="checkbox"/> I DO NOT support this application | Amount supported <i>(if not supported, put £0)</i> | £ |

Please explain why you do or do not support this grant – or if you recommend a partial contribution or alternative item.

(please give an indication of how beneficial having a grant from DEBRA would be to this member and any consequences should the grant be declined)

Signposting and/or charities you have suggested/explored with member and future recommendations:

Section II: Supported by National Manager/Team Lead?

Support grant approved

| | | | |
|---|--|---------------|---|
| Name | | Date | |
| Signed | | Amount | £ |
| Comments <i>(to include how criteria/rational met)</i> | | | |

Support grant declined

| | | | |
|------------------------|--|---------------|---|
| Name | | Date | |
| Signed | | Amount | £ |
| Reason declined | | | |

Section III: Additional checks by Team Support

| | | | |
|--------------------------------------|---|---|---|
| Serial number | | Membership number | |
| Is grant applicant a Trustee? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Grant reference number <i>(for admin use)</i> | |
| Number of grants (YTD) | | Total funds awarded (YTD) | £ |

Section IV: Application authorised by Director (or appointed delegate/expert panel)?

| Support grant approved | | | |
|--|--|---------------|---|
| Name | | Date | |
| Signed | | Amount | £ |
| Comments <i>(to include any future recommendations)</i> | | | |
| Support grant declined | | | |
| Name | | Date | |
| Signed | | Amount | £ |
| Reason declined | | | |

Section V: Grant approval *(all authorisations complete and grant approved by Head of Finance)*

| | | | |
|---|---|-------------|--|
| Grant approved? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | |
| Comments | | | |
| Payment details – reimbursement via <i>(please tick all relevant boxes & provide details, where required)</i> | | | |
| <input type="checkbox"/> Community Support Manager will arrange to order and pay for the goods and have them delivered direct Payment will be made by: <input type="checkbox"/> DEBRA Staff Expenses Form <input type="checkbox"/> Credit Card <input type="checkbox"/> Invoice to office | | | |
| <input type="checkbox"/> Member will purchase and pay for the goods themselves and forward the receipt to DEBRA for reimbursement | | | |
| <input type="checkbox"/> DEBRA will arrange for a BACS payment <i>(member must provide in writing: name of bank, account name, account number, sort code – this can be by BACS payment form/email/text/correspondence from member):</i> Name of Bank: Account Name: Account Number: Sort Code: | | | |
| <input type="checkbox"/> Inpatient costs | | | |
| <input type="checkbox"/> DEBRA Holiday Home | | | |
| <input type="checkbox"/> Item taken from DEBRA stock | | | |