

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 1: Applicant details

- ☐ The grant is for me ☐ I am completing for my child or family member
- ☐ DEBRA Staff (*I have the grant applicant's consent to complete this form on their behalf*)

Grant applicant (*who the grant is for*)

First name	Last name	Date of birth

EB type
<input type="checkbox"/> EB Simplex (EBS) <input type="checkbox"/> Junctional EB (JEB) <input type="checkbox"/> Dystrophic EB (DEB) <input type="checkbox"/> Kindler EB (KEB) <input type="checkbox"/> EB Acquisita (EBA) <input type="checkbox"/> Other (please specify):
EB subtype (If known): <input type="checkbox"/> EB Simplex (EBS) - localised <input type="checkbox"/> EB Simplex (EBS) - Severe <input type="checkbox"/> Dominant Dystrophic EB (DDEB) <input type="checkbox"/> Recessive Dystrophic EB (RDEB) <input type="checkbox"/> Other (please specify):

Email address	Phone number

Home address	County	Post code

Consent: ☐ I give consent for DEBRA to forward my home address, telephone number and/or email address to supplier/retailer for delivery purposes.

Grant applicant's representative e.g. Parent

Please complete the information below if you are completing the form for someone other than yourself. Please also make sure the grant applicant is aware you are completing this form on their behalf and is aware of the information contained in this application.

First name	Last name

Email address	Relationship (to applicant)	Phone number

'Signature' (please type)	Date

Section 2: 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

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, High <input type="checkbox"/> Yes, Middle <input type="checkbox"/> Yes, Low Mobility <input type="checkbox"/> Yes, High <input type="checkbox"/> Yes, Low		
Personal Independence Payments	Living <input type="checkbox"/> Yes Enhanced rate <input type="checkbox"/> Yes, Standard rate Mobility <input type="checkbox"/> Yes Enhanced rate <input type="checkbox"/> Yes, Standard rate		
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

Section 3: Request details

Item(s)/service(s) needed <i>(please give full details including make and model, if appropriate)</i>	Cost
	£

Why do you need the item(s)/service(s)? <i>(please state why, if it needs to be a specific make/model, etc.)</i>

What difference will it/they make?

Are there any special circumstances you would like us to be aware of?

Section 4: Application submission

Please return this completed form to membership by email or post:

Email: communitysupport@debra.org.uk

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

'Signature' (please type)	Date

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

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

Priority: ☐ 1 – Essential ☐ 2 – Quality of life ☐ 3 – Enrichment/special

Section 1: 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.

Applicant's CRM No.	Member	CS Manager name	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DEBRA has funded other grants in the current year (Jan – Dec) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please give details:</i>	
Number of grants (YTD)	Total funds awarded (YTD)
	£

Application support	Amount supported (enter £ 0 if not supported)
<input type="checkbox"/> I DO support this application	£
<input type="checkbox"/> I DO NOT support this application	

Please explain why you do or do not support this grant – or if you recommend a partial contribution or alternative item. <i>(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)</i>

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

Payment details – reimbursement via *(please tick all relevant boxes and provide details, where required)*

- ☐ **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"/> BACS | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Invoice |
| <input type="checkbox"/> Holiday Home | <input type="checkbox"/> DEBRA shop | <input type="checkbox"/> From DEBRA stock |
- ☐ **Member will purchase and pay for the goods** themselves and forward the receipt to DEBRA for reimbursement.

Section 2: National Manager/Team Lead

Support grant: ☐ Approved ☐ Declined

Name	Amount
	£

Signature	Date

Comments <i>(to include how criteria/rational met OR reason declined)</i>

Section 3: Director authorisation *(or appointed delegate/expert panel)*

Support grant: ☐ Approved ☐ Declined

Name	Amount
	£

Signature	Date

Comments <i>(to include future recommendations OR reason declined)</i>