

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

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/reason for applying (please tick all that apply)
<input type="checkbox"/> Low income, including benefits (i.e. under £30,000 annual household income)
<input type="checkbox"/> Financial hardship
<input type="checkbox"/> Temporary change in circumstances causing difficulty
<input type="checkbox"/> Help to fund the item/service

Section 3: Request details

What does this request relate to? <i>(please tick all that apply)</i>
Item(s)/service(s) that directly help me living with EB
Urgent/essential item(s)/service(s)
Item(s)/service(s) that will improve my quality of life

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: membership@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
	Yes No		

Application support	Amount supported <i>(enter £ 0 if not supported)</i>
I DO support this application 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. *(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 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:

BACS

Holiday Home

Credit Card

DEBRA shop

Invoice

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>

Section 4: Additional checks

Trustee applicant	Membership Number	Grant Ref. No. <i>(for admin use)</i>	Number of grants <i>(YTD)</i>	Total funds awarded <i>(YTD)</i>
Yes No				£