

# Parkinson's UK Take Control Grants Application form

Office use only: grant  
reference number

Please read our guidance notes carefully before you fill out this form.

Applications close on Friday 15<sup>th</sup> November 2018. Any applications received after this date will not be considered for funding and cannot be carried forward to the next funding round.

## Section 1 Your details

If you are a person with Parkinson's or you care for someone with Parkinson's and you are applying for yourself, please complete this section:

Title \_\_\_\_\_ Forename \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

Telephone number \_\_\_\_\_ Date of birth \_\_\_\_\_

Do you have Parkinson's or progressive Parkinsonism?  Yes  No

Please tell us the date of your diagnosis .....

Do you care for someone with Parkinson's or progressive Parkinsonism?  Yes  No

Are you a member of a Parkinson's UK local group?  Yes  No

How would you like us to contact you about this application?  Telephone  Email  Letter

## Section 2 Details of a person who is applying for you

This section must **only** be completed if someone is applying on your behalf. They must complete this section and must also sign the declaration in **Section 8**

Relationship to applicant (eg partner, son or daughter, social care professional)

\_\_\_\_\_

Title \_\_\_\_\_ Forename \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

Telephone number \_\_\_\_\_ Date of birth \_\_\_\_\_

How would you like us to contact you about this application?  Telephone  Email  Letter

### Section 3 What are you asking us to pay for?

Activity or series of activities (£250 limit) Please give details and provide a quote for the cost.

.....  
.....

Electrical or household item (£500 limit) Please give details and provide two quotes for the cost.

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

Specialist equipment or home adaptation (£1,500 limit) Please give details and provide two quotes for the cost.

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.....  
.....

Respite care (£1,000 limit) Please give details and provide one quote for the cost.

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.....  
.....

### Section 4 How will a Take Control grant help you?

Please tell us how the activity, item, respite care or special adaptation you are requesting would make a difference to your daily life with Parkinson's or caring for someone with Parkinson's. Tell us how it would improve your quality of life.

**You may attach an extra sheet if you need to.**

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.....  
.....  
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### Section 5 How much do you need?

Total cost of the activity, item, respite care or adaptation ..... £

Amount you are requesting from the Take Control grants fund ..... £

If the cost of the item or activity is **more than you are requesting**, or **more than the maximum** we can provide, please explain how you will fund the difference (eg your own contribution, friends and family or other grants).

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

## Section 6 Your finances

### Savings and investments

You must tell us the **total sum** of any savings or investments you have, including your partner's savings if you are living together. Total savings include those held in bank accounts and/or building societies, stocks and shares, gilts, bonds, ISAs or any other savings.

If you have no savings, you must confirm this with a zero.

£.....

### Benefits you receive (please tick all those that apply)

- Disability Living Allowance mobility component    Lower rate     Higher rate
- Disability Living Allowance care component    Lowest     Middle     Highest
- Personal Independence Payment (PIP) daily living component    Standard rate     Enhanced rate
- Personal Independence Payment (PIP) mobility component    Standard rate     Enhanced rate
- Attendance Allowance    Lower     Higher
- Carer's Allowance
- Carer's Credit
- Employment and Support Allowance    Contributory     Income-related
- Jobseeker's Allowance    Contributory     Income-based
- Housing Benefit
- Income Support
- Pension Credit     Child Tax Credit
- Working Tax Credit     Universal Credit

Have you had a benefits check recently?     Yes     No

If not, are you happy for us to contact you to advise you on how to arrange one?

Yes     No

**Other financial support**

Do you receive financial support or are you awaiting a decision about financial support from any Parkinson’s UK local group?  Yes  No

If are receiving, or hope to receive financial support from a Parkinson’s UK local group, please tell us the name of the group.

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**Section 7 Information to support your application**

**Our grants panel of people affected by Parkinson’s and health and social care professionals can only consider applications that provide appropriate supporting information.**

Have you included a letter from a relevant health or social care professional?  Yes  No

Do we have your permission to contact the professional if necessary?  Yes  No

Have you included the quote(s) or confirmation of costs we ask for?  Yes  No

**Section 8 Declaration**

**Applicant’s declaration:**

**If you are a person with Parkinson’s or care for someone with Parkinson’s and you are applying for yourself, please complete and sign this section:**

The information I have supplied in this application form is accurate and complete.

Name (please print) .....

Signature .....

Date .....

**Advocate or representative’s declaration:**

**If someone is applying on your behalf, that person must complete and sign this section.**

I confirm that the information supplied in this application form is accurate and complete.

Name (please print) .....

Signature .....

Date .....

**Please return your application form and any supporting documents to:**

**Private and confidential**  
Local Networks Team  
Parkinson’s UK  
215 Vauxhall Bridge Road  
London SW1V 1EJ

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## Section 9 Monitoring questions

Please help us to monitor the reach and impact of Parkinson's UK Take Control Grants by answering the questions in this final section. Any information you provide in this section will be separated from other sections of your application and will remain confidential.

**The information in this section is not shared with the grants panel and will not affect the outcome of your application.**

### 1. Which of these describes your situation?

I have Parkinson's or progressive Parkinsonism

I care for someone who has Parkinson's or progressive Parkinsonism

### 2. Which age group do you belong to?

Under 20       20 – 29       30 – 39       40 – 49       50 – 59

60 – 69       70 – 79       80 – 89       Over 90

### 3. What is your gender?

Male       Female       Other       Prefer not to say

### 4. How do you describe your ethnic background?

#### White

British (English/Northern Irish/Scottish/Welsh)       Irish       Traveller

Any other White background

#### Asian/Asian British

Bangladeshi       Chinese       Indian       Pakistani

Any other Asian background

#### Black/Black British

African       Caribbean       Any other Black background

#### Mixed/multiple ethnic backgrounds

Mixed – White and Black       Mixed – White and Asian

Mixed – Any other Mixed background

#### Other

Arab       Other

Prefer not to say

**5. How long ago were you, or the person you care for diagnosed with Parkinson's?**

- Less than 2 years       2-10 years       11-20 years       21 years or longer

**6. What are your living arrangements?**

- I live with my husband/wife/partner       I live with other family/friend(s)

- I live on my own       I live in a care home

- Other (please specify) .....

**7. What is your postcode?**

**8. How did you hear about the Take Control Grants fund?**

- Parkinson's UK Local Group       Parkinson's UK Local Adviser

- Parkinson's UK leaflet or poster       Parkinson's UK website

- Health or social care professional (please give details)

- Other (please give details) .....

**9. Have you previously applied for any grant, other than a Government or Local Authority grant?**

- Yes    No

**10. Have you ever been successful in applying for any grant, other than a Government or Local Authority grant?**

- Yes    No