

Parkinson's UK Grants 2019

Application form

Office use only: grant
reference number

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

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**. They **MUST** be over 18 to apply on your behalf.

Please tell us your relationship to applicant (e.g. partner, son or daughter, health or social care professional)

Title Forename

Surname

Address

Postcode

Email

Telephone number

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 provide details and two quotes for the cost. *Any application for specialist equipment or home adaptation MUST be supported by a report and/or recommendation from a suitably qualified health professional.*

Respite care (£1,000 limit) Please give details and provide a quote for the cost. *Any application for respite care must provide evidence that local authority funding has been applied for and explain why it is not available.*

Section 4 How will a Parkinson's UK grant help you?

Please tell us why 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.**

Section 5 How much do you need?

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

Amount you are requesting from Parkinson's UK Grants £ _____

If the cost of the item or activity is **more than you are requesting**, or **more than the maximum** we can provide, please explain below how you will fund the difference (e.g. 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:

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 this 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 NOTE:

There will be three opportunities to apply for a Parkinson's UK Grant in 2019:-

Round 1 opens on January 14 th	(Closing date March 31 st)
Round 2 opens on May 1 st	(Closing date July 31 st)
Round 3 opens September 1 st	(Closing date November 15 th)

Any applications received after these closing dates will not be considered for funding in that round and will not be carried forward to the next funding round.

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

Section 9 Monitoring questions

Please help us to monitor the reach and impact of Parkinson's UK 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 Parkinson's UK 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