

Parkinson's UK Grants 2020

PARKINSON'S^{UK}
CHANGE ATTITUDES.
FIND A CURE.
JOIN US.

Application form

Please read our guidance notes carefully before you fill in 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 | First name |
| 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.

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

| | |
|------------------|---------------|
| Title | First name |
| 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?

You may only apply in **ONE** of the four categories below:

- ☐ 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. *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 from your chosen provider. *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 how the activity, item, special adaptation or respite care 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, adaptation or respite care £

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)

- | | | |
|-------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Disability Living Allowance mobility component | <input type="checkbox"/> Lower rate | <input type="checkbox"/> Higher rate |
| <input type="checkbox"/> Disability Living Allowance care component | <input type="checkbox"/> Lowest | <input type="checkbox"/> Middle <input type="checkbox"/> Highest |
| <input type="checkbox"/> Personal Independence Payment (PIP) daily living component | <input type="checkbox"/> Standard rate | <input type="checkbox"/> Enhanced rate |
| <input type="checkbox"/> Personal Independence Payment (PIP) mobility component | <input type="checkbox"/> Standard rate | <input type="checkbox"/> Enhanced rate |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Lower | <input type="checkbox"/> Higher |
| <input type="checkbox"/> Carer's Allowance | | |
| <input type="checkbox"/> Carer's Credit | | |
| <input type="checkbox"/> Employment and Support Allowance | <input type="checkbox"/> Contributory | <input type="checkbox"/> Income-related |
| <input type="checkbox"/> Jobseeker's Allowance | <input type="checkbox"/> Contributory | <input type="checkbox"/> Income-based |
| <input type="checkbox"/> Housing Benefit | | |
| <input type="checkbox"/> Income Support | | |
| <input type="checkbox"/> Pension Credit | <input type="checkbox"/> Child Tax Credit | |
| <input type="checkbox"/> Working Tax Credit | <input type="checkbox"/> 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 you 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 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

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 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