

Grant application form



This form must be submitted by a renal social worker or member of the renal team whom must sign the declaration and attach a letter of support on the hospital's headed notepaper.

Please note, it is simply not possible for us to meet all requests for support. Please provide as much detail explaining the difference this grant will make to you and your family. Remember – we cannot reimburse items that have already been paid for. We only pay the supplier of either goods or services directly.

A. DETAILS OF APPLICANT FOR GRANT (IN MOST CASES THE KIDNEY PATIENT AND GRANT BENEFICIARY)

Title: **Surname:** **First name(s):**

Address:

Postcode: **Date of birth:** / /
DD/MM/YYYY

Tel 1: **Tel 2:**

Email:

B. IF APPLYING ON BEHALF OF A PERSON UNDER 18, OR WHO NEEDS A RESPONSIBLE ADULT TO ACT ON THEIR BEHALF, PLEASE COMPLETE THE FOLLOWING:

Details of Grant Beneficiary (the kidney patient)

Title: **Surname:** **First name(s):**

Relationship to Applicant for Grant: **Date of birth:** / /
DD/MM/YYYY

C. ETHNIC BACKGROUND

What is your ethnic background?

This information helps us ensure that our services are available to all sections of our community on an equal basis.

Please choose one option that best describes your ethnic group or background. Please tick:

White	Mixed/Multiple ethnic groups	Asian/Asian British	Black/ African/ Caribbean/Black British	Other ethnic group
English, Welsh, Scottish, Northern Irish, British	White & Black Caribbean	Indian	African	Arab
Gypsy or Irish Traveller	White & Black African	Pakistani	Caribbean	Any other ethnic group
Irish	White & Asian	Bangladeshi	Any other Black/ African/Caribbean background	I would rather not say
Any other White background	Any other Mixed/ Multiple ethnic background	Chinese		
		Any other Asian background		

D. MEDICAL INFORMATION

Name of renal unit attended:

Dialysis days (if applicable):

Name of renal social worker:

(if you have one)

Nature of treatment:

Peritoneal Dialysis

Home Haemodialysis

Transplant

Conservative care

I/C Haemodialysis

Pre-dialysis

**Date of transplant
(if applicable):**

**If pre-dialysis
please state eGFR:**

E. GRANT PAYMENTS

In most cases, we are only able to pay the supplier of the goods or services directly as we are unable to pay large sums of money to individuals. Please include quotes for goods or services with this application.

State purpose for which a grant is required:

Amount requested: £

Holiday grants are provided in the form of a voucher to use with Inspire Travel only. A typical contribution of £750 is awarded toward a holiday or respite break.

Please provide bank details (*not required if requesting a holiday grant*):

Account
name:

Account
number:

Sort
Code:

Ref no. to
be used:

F. PLEASE EXPLAIN WHY THIS GRANT IS NEEDED AND THE DIFFERENCE IT WILL MAKE TO YOUR LIFE

Why the grant is needed:

How will it make a difference:

G. DETAILS OF YOUR MONTHLY HOUSEHOLD INCOME AND EXPENDITURE

Please include all household income incl. **benefits/allowances, all earnings from employment, pensions. All figures are net (i.e., after tax).** By Partner, we mean the person who lives with you (main carer), Husband, Wife, Civil Partner, Boyfriend, Girlfriend. If receiving Universal Credit, please specify the 'Child Element' amount and/or payments in respect of disabled children as part of the overall total.

You (monthly amount)	Source	Your Partner (monthly amount)	Source
1			
2			
3			
4			
5			

Monthly total: £

Amount of savings: £

Number of dependent children under 18 in household:

Other contributions to household income: £

H. DETAILS OF YOUR MONTHLY HOUSEHOLD OUTGOINGS

Mortgage:	Insurance:	Council tax:
Rent:	Housekeeping:	Car:
Clothing:	Telephone:	Loans:
Electricity/Gas:	Water rates:	

Total monthly expenditure:

I. OTHER ORGANISATIONS APPROACHED

Organisations	Date	Outcome

J. DECLARATION BY APPLICANT

I confirm that the information provided is correct to the best of my knowledge, and if this application is successful, I will ensure that the funds granted will be used for the purpose for which they were awarded. False information may result in the grant being withdrawn and any payments needing to be returned.

Name: (in capitals)

Signature:

Date:

K. DECLARATION BY RENAL SOCIAL WORKER OR MEMBER OF RENAL TEAM

I have read the information provided on the attached grant application form and to the best of my knowledge believe it to be correct.

Name: (in capitals)

Signature:

Date:

Position:

Address:

Postcode:

Tel No:

Email:

L. ARE YOU WILLING TO SHARE YOUR STORY TO HELP OTHER PATIENTS?

If your application is successful, would you be willing to share your experiences and help us let other kidney patients know about the support that is available and the difference it can make? Stories like yours help us reach and help more people - if you're happy to share your story please tick this box.

M. KEEP IN TOUCH WITH KIDNEY CARE UK

Keep up to date with the latest news, information, and campaigns from Kidney Care UK including your free copy of Kidney Matters Magazine quarterly, by giving us your details, you're agreeing that we can contact you in this way.

Please complete every way you would like us to contact you:

By Email

By Post

If you would **only** like to receive your free copy of Kidney Matters Magazine, please tick here

Please note: we can't post anything outside of the UK.

You can unsubscribe at any time by: Calling us at **01420 541424** or emailing **info@kidneycareuk.org**

Or writing to us at **Kidney Care UK, 3 The Windmills, St Mary's Close, Turk Street, Alton, GU34 1EF**

Data Protection/Privacy Policy

Kidney Care UK will treat your details in confidence and in accordance with current data protection laws. For further information on how your data is used and stored visit **www.kidneycareuk.org/privacy**

We advise you to visit the website of the particular supplier of any service for their privacy policy details.

N. CHECKLIST

- 1. All sections of the application form have been fully completed.**
- 2. You have signed and dated the declaration.**
- 3. The Applicant (as section A) has signed the declaration.**
- 4. You have included your report, written on the hospital's notepaper.**
- 5. You have included copies of any supporting documentation – i.e. invoices, estimates, etc.**

O. GUIDELINES TO HELP APPLY FOR A GRANT

- Complete the form **FULLY and CLEARLY**, as incomplete forms will be returned for completion or clarification.
- All Kidney Care UK grants are discretionary. The charity's decision is final.
- All grant applications will need a letter of support to accompany the application. This must be specifically addressed to the charity and be on hospital headed note paper confirming the applicant's renal condition and their support for the application. The letters should come from a senior member of your renal care team or your renal social worker. In the case of a transplant patient this will come from your consultant.
- We can contribute toward a wide array of living costs. It is important to remember that as a charity our grants are designed to make everyday life for those on a low income easier by providing items of necessity to those in need. As such we will only ever contribute towards reasonable priced items where our contribution purchases the goods outright or makes a significant contribution toward the overall cost.
- All items have a budget limit so we can help as many people as possible.
- Please be aware that we require a gap of 6 months between any grant application. In respect of holidays there must be a gap of 2 years between any grant awarded.
- Holiday grants are provided as a voucher in form of a Kidney Care UK Holiday Card to use with Inspire Travel. A typical contribution of £750 is awarded towards a holiday or respite break.
- As part of the application process there are income thresholds to help us to determine how we might assist those most in need. Please ensure that the section regarding income is completed fully and accurately, including any savings you have.
- As stated previously – We will not reimburse items that have already been paid for. We only pay the supplier of goods or services directly.
- Provide 2 reasonably priced quotes for items such as stair lifts, mobility scooters, carpets etc.

When fully completed and accompanied by supporting documentation (i.e. written report, estimates, invoices, etc.) this form should be returned to:

Kidney Care UK 3 The Windmills, St Mary's Close, Alton, GU34 1EF
01420 541 424 | info@kidneycareuk.org | www.kidneycareuk.org