NORMANSFIELD AND RICHMOND FOUNDATION

##### GRANT APPLICATION

**PLEASE READ THE GUIDELINES BELOW BEFORE FILLING IN THE FORM**

**YOUR APPLICATION MIGHT BE DELAYED IF INSUFFICIENT INFORMATION IS GIVEN**

# (Ring Deborah Carr-Hill if you have any queries about completing the form Tel: 020 8979 1713)

1. Applications will be considered from people with learning disabilities, their families and carers, normally living in Richmond or with strong links to the Borough. Applications from former Normansfield residents are particularly welcome.
2. Grants are intended for relatively small sums, as one-off payments where there are either no statutory funds available or all statutory sources have been exhausted. If a grant is requested for an item/service which in normal circumstances would appear to be the responsibility of a statutory organisation, e.g. a special chair to meet a clinical need, please explain what steps have been taken to explore the statutory route and why funds are not forthcoming.
3. Please ensure that all sections of the form are filled in and legible (state “Not Applicable” to a question if this is the case – don’t leave it blank). It is essential that questions relating to a person’s income/savings are completed to enable the Committee to make a fair decision. Before making an application, please check NRF’s (e-voice) website [www.normansfieldandrichmondfoundation.net](http://www.normansfieldandrichmondfoundation.net) for meeting dates and deadlines.
4. Please give details of the item(s)/service for which a grant is being requested and actual/anticipated costs e.g. estimate of costs from supplier of goods/services, receipts, etc. attaching additional papers if necessary. Please focus on how this service/piece of equipment, etc. will improve the life of the person for whom it is intended.
5. The form must be signed by a person who can be contacted to clarify or give further information if this is required. The name and the relationship of the person to the applicant should be stated, e.g. parent, home manager, care manager, personal assistant, etc. Please give a telephone number and/or an e-mail address.
6. Please give the name of the person to whom the cheque should be sent. This may not necessarily be the same as the name of the person to whom the cheque is made payable. If the cheque is to be made payable to an organisation, e.g. LBRUT, please name the person and their role/job title within that organisation/department and give specific address, e.g. not merely “Social Services Finance”. It is easy for cheques to get lost if not sent to an identified person.
7. **Please send/email completed forms to:**

**Deborah Carr-Hill**

37 Uxbridge Road

###### **Hampton TW12 3AA**

**Email:**[**deborah.carrhill@btinternet.com**](mailto:Deborah.carrhill@btinternet.com)

APPLICATION FORM:

(Private and Confidential)

1. BACKGROUND DETAILS:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant:  Address (Please give postcode):  Telephone Number: | | | Age:  Date of Application: |
|  | | | |
| Housing (Please tick as appropriate):  Family  Residential  Supported  Independent | | Employment (Please tick as appropriate):  F/T  P/T  Not employed | |
|  | | | |
| Income (please state benefits): | Expenses: | | Savings/Capital (details must please be given): |
|  | | | |
| Previous Grants from NRF:  Date(s)  Amount(s) £  Purpose(s)  1.  2.  3  4. etc. | | Have you made an application to other charities? (please tick as appropriate):  Yes  No  (if “yes”, please give details of the application and result): | |
|  | | | |
| Have you previously applied to your Health Care Team/Social Services for a grant for the equipment/service you require? (please tick as appropriate):  Yes  No  If “yes” what was the result? | | | |

2. GRANT REQUEST:

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| --- |
| I REQUEST A GRANT OF £……………. |

# PLEASE USE THE SPACE BELOW TO GIVE REASONS FOR/ DETAILS OF THE APPLICATION

# (ADD EXTRA SHEETS AND MATERIAL IF REQUIRED). NB. INFORMATION OF A VERY PERSONAL NATURE WHICH COULD BE CONSIDERED INTRUSIVE IS NOT REQUIRED

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| --- |
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|  |
| Signature of Social Services/Health Professional/Residential Manager, etc:  ……………………………………………………………………………………………………………………………….  Please print name, contact telephone number and e-mail address (if you have one):  ……………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………….  Cheque to be made payable to: ……………………………………………………………………………………  Name and address of person to whom the cheque should be sent:  ……………………………………………………………………………………………………………………………….  ….……………………………………………………………………………………………………………………………  Job Title/Role in agency/organisation and their relationship to the applicant:  ………………………………………………………………………………………………………………………………. |

# THANK YOU

We will let you know the result of your application as soon as possible after the Committee has made a decision.