**Application for Health and Wellbeing Grant**

**The Cystic Fibrosis Trust provides health and wellbeing grants to help purchase goods or services which can improve the health and quality of life of people living with cystic fibrosis.**

We try to ensure applications for grants are dealt with promptly and sensitively. Please note that due to the large number of applications we receive you are eligible for a health and wellbeing grant once every 12 months. Applications are assessed every two months by an independent panel. We have to prioritise those applicants in most need so please provide as much information as possible about why the grant is needed.

**Please read through our grant guidelines, which are available on our website or from the helpline, before filling in this form.**

If you have any queries or difficulties in completing this form please do not hesitate to contact:

Cystic Fibrosis Trust helpline

0300 373 1000 or [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk)

**Section one – Applicant’s details (the applicant is the adult or child with cystic fibrosis)**

|  |  |
| --- | --- |
| **Applicant’s name** |  |
| **Applicant’s address** |  |
| **Email address** |  |
| **Contact phone number** |  |
| **Applicant’s date of birth** |  |

|  |  |
| --- | --- |
| **Your name (if you are not the person with cystic fibrosis but are completing the form on their behalf)** |  |
| **Your relationship to the person with cystic fibrosis** |  |

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| **Section two – Requested item(s)  Please describe the goods or services you intend to use the grant for:** |
|  |
| **Please explain how this will benefit your health and wellbeing - *this information will be used by our panel to make their decision – please provide as much information as possible; you can continue on a separate sheet if necessary:*** |
|  |

**You can apply for a maximum of £350. Please provide an itemised list of what you are requesting and include evidence of the cost. Without this information your application will not be taken to the panel – please see the grant guidelines for further details.  
*Please note that we provide set amounts for commonly requested items (see guidelines) – if what you need costs more than this set amount please provide reasons as to why the more expensive item is needed in the space below. Please contact us if the item will cost more than £350 and the grant would be a contribution to the total cost, as we are not usually able to part-fund items.***

|  |  |
| --- | --- |
| **Item** | **Cost (£)** |
|  |  |
| **Total amount requested (maximum £350)** | **£** |

**Personal Circumstances**We may use this information to make a decision on your application. Please see our grant guidelines for further details.

**Please tick all that apply:**

I receive means-tested benefits (e.g., Income Support, Income-based ESA)

I receive sickness or disability benefits If yes, please tick all those that apply.

Yes

No

Employment and Support Allowance (ESA)

Disability Living Allowance (DLA)

Personal Independence Payment (PIP)

Universal Credit, because of limited capability for work (UC)

My income has been reduced due to benefits being withdrawn or delayed, or having been put on a lower rate following PIP, ESA or other benefits reassessment

I have had a loss of employment or reduction in working hours

I am unable to meet these costs myself for another reason (please specify):

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**Does anyone else in your household have a long term health condition or disability?**

Yes 🗆 No 🗆

If yes, please give details:

**I am (please tick all that apply):**

In full time work 🗆 In part time work 🗆 Working on a zero hours contract 🗆

Not in employment 🗆

In full time education 🗆 In part time education 🗆

Not in education 🗆

**Housing type (please tick one that best describes your housing situation at the moment):**

Own home outright 🗆 Own home/shared ownership (mortgage) 🗆 Private tenant 🗆 Council/Housing Association tenant 🗆 Housed through job/business 🗆 Hostel 🗆  
Staying with relatives/friends 🗆 Homeless (including B & B tenant) 🗆  
Other, please give details:

**Section three – payment   
We pay all grants by BACS bank transfer as this is the quickest way to get the funds to you. Please provide the bank details of your chosen account below. If you do not have a bank account or would need a payment by cheque please contact our helpline.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your name (as it appears on your bank statement)** |  | | | | | | | | | | | |
| **Bank/Building Society** |  | | | | | | | | | | | |
| **Account number** |  |  | |  | |  |  |  | |  | |  |
| **Sort code** |  | |  | |  | |  | |  | |  | |

We would like to share the story of your grant to help us promote our grant programmes and raise awareness of how our support helps people living with cystic fibrosis. We can change names when we tell these stories. Please could you let us know if you’re happy for us to share your story:

I’m happy for the Cystic Fibrosis Trust to use my story as a case study, with my name changed

I’m interested in the Cystic Fibrosis Trust sharing my story with the press/media   
(for press/media case studies, we will contact you before using your story)

Please tick this box if we can contact you after your 6-12 months to find out how the grant benefitted your health and wellbeing: Please help us to monitor the reach and impact of the Cystic Fibrosis Trust’s Welfare Grants programme by answering the questions in this final section. **The information in this section is not used to make decisions and will not affect the outcome of your application**.

**This information is about the person with cystic fibrosis who will benefit from the grant.**

**Gender** Man 🗆 Woman 🗆 Intersex 🗆 Non-binary 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here …………………….

**How many adults in your household: ………..** **How many children in your household: ………..**

**Age** Under 18🗆18-24🗆 25-34 🗆 35-44 🗆 45-54🗆 55+ 🗆 Prefer not to say 🗆

**Ethnicity** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆  
British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆   
Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Sexual orientation** Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆Prefer not to say 🗆 If you prefer to use your own term, please write in:

**How did you hear about the Cystic Fibrosis Trust’s grants?** Cystic Fibrosis Trust website 🗆   
Social media 🗆 Hospital/cystic fibrosis team 🗆 Other, please write in:

**Do you have more than £6000 in savings?** Yes 🗆 No 🗆 Prefer not to say 🗆  
**What is your household income, per year (including benefits and earnings)?**less than £6,000 🗆 £6,000-£14,999 🗆 £15,000-£27,999 🗆 £28,000-£29,999 🗆 £30,000-£44,999 🗆   
£45,000-£59,999 🗆 More than £60,000 🗆 Prefer not to say 🗆

**Section four – Supporting statement (from your clinician, CF centre social worker etc.) This section should completed by the endorser. Please note that we may contact the endorser to request further information related to this application.**

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| **Please tick if they will be emailing their supporting statement** | |  |
| **I confirm that this grant will be used to benefit a person living with cystic fibrosis and that the information given is correct.** | | |
| **Name** |  | |
| **Job title** |  | |
| **Signature\*** |  | |
| **Place of work** |  | |
| **Contact number/email** |  | |
| **How do you know the applicant?** |  | |
| **Please describe how the person with cystic fibrosis will benefit from this grant. How will it positively impact on their health and/or wellbeing?** | | |
|  | | |
| **Please state whether there will be any risks to their health and/or wellbeing if they do not receive this grant.** | | |
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**\*Applications must either be signed and posted to us, or preferably emailed to us from the endorser’s professional email account**

*In completing this form as an applicant or endorser, you consent that the Cystic Fibrosis*

*Trust will store and process the information provided above solely for the purposes of assessing and processing this grant application and future grant applications made by/for the applicant.*

*We will treat any information provided in your application in strict confidence, and will not share it with anyone without your specific consent.*

*For more information, please see cysticfibrosis.org.uk/privacy-policy for details of our privacy policy.*

**Please print and post to or email to:** helpline@cysticfibrosis.org.uk

Support Service

Cystic Fibrosis Trust

One Aldgate

London

EC3N 1RE

**Please call 0300 373 1000 or email** [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk) **if you have any questions or need any help to complete this form.**