**Application for Activity Boost Grant**

**Cystic Fibrosis Trust provides grants of up to £350 to help people do more exercise and  
physical activity at difficult times. The grants give short-term support and will help to improve  
fitness levels and confidence in exercising for people who need an extra boost.**

**Who can apply?**

Adults or children who:

* Have CF
* Are under the care of a CF team in the UK
* Are on a low income or can’t afford to access this type of activity themselves.
* We can only accept applications from people who will benefit most from short-term support with physical activity. **This is usually people who are on the transplant list or are recovering from transplant, or those who have been very unwell recently.**

**What can you apply for?**

* You can apply for gym membership, activity classes, or personal training sessions. Your CF physio must agree that this is a really good type of exercise to help with your CF, so talk to them before you apply.
* **If you are applying for exercise equipment, please do not use this form** - you may be able to apply for a Health & Wellbeing grant instead.

**How to apply**

* Please read the information about our grants on our website before filling in this form. Our helpline team can also talk this through with you.
* Please fill in sections 1, 2, 3 and 4 of this form.
* Please ask the physiotherapist or specialist exercise professional in your CF team to complete the supporting statement in Section 5. They can also email their statement directly to [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk) Your CF Team can also fill out Sections 1, 2, 3 and 4 for you.
* Email your completed form to [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk). Your CF team can do this for you as well.
* Our grant panel will make a decision on your application. The panel meets every 2 months. We will let you know when the panel will look at your application.

**We do not accept applications by post. Our Helpline team can help you with filling out the form over the phone. Please call 0300 373 1000 (Mon-Fri 10am-4pm), Whatsapp message us on 07361 582053 or email** [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk) **if you have any questions or need any help to complete this form.**

We will contact you (and the person from your CF team who fills in section 5 of this form) to ask for more information, for feedback and to offer other support.

*In completing this form as an applicant or endorser, you consent that the Cystic Fibrosis Trust will store and process the personal information provided 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 our privacy policy on our website.*

**Section 1: Applicant’s details**

We might need to contact you about your application, so please make sure this information is correct. If the applicant is over 18 they must apply themselves or be aware the application is being made for them.

|  |  |
| --- | --- |
| **Applicant’s name** (The applicant is the adult or child with cystic fibrosis) |  |
| **Applicant’s address** |  |
| **Applicant’s date of birth** |  |
| **Contact name** (parent/carer if applying for a grant for someone with CF who is under 18) |  |
| **Contact email address** |  |
| **Contact phone number** |  |

**Section 2 - Eligibility**

Please confirm that **all** of these criteria are met by putting ‘yes’ or a tick in each box:

The applicant has a diagnosis of cystic fibrosis and

The applicant lives in the UK and is under the care of a UK specialist cystic fibrosis team / centre and

The applicant’s household has less than £6,000 in savings or another bank account.

Please confirm that **at least one** of the following criteria are met:

The applicant (or their household if a child):

receives a means-tested benefit. Means-tested benefits include: Income Support; Pension Credit; Housing Benefit; Council Tax support; Income-related Employment and Support Allowance; Income-related Job Seeker's Allowance; and Universal Credit.

**OR**

cannot afford this type of exercise/activity for another reason, please give details:

|  |
| --- |
|  |

**Section 3 – Tell us what you are applying for**

In this section, please tell us **what support you need to boost your physical activity, and why it is important that you get some help with this.** This will be looked at by a panel who will decide whether to give you the grant, so please give us as much detail as you can.

Please see our website for more details of what we can/can’t fund. **Please contact us before you apply if what you need 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.

**I am applying for:**

Gym membership for ….. months *(please tell us how many months of membership the grant would cover – this is usually 12 months)*

Personal training: …. sessions *(please tell us how many sessions the grant would pay for)*

Activity classes: ……………….. of ………………………………………………………………………….. *(please tell us  
how many classes/sessions/weeks/months the grant would fund, and what the classes are,  
eg:* ***35******lessons*** *of* ***swimming*** *or* ***10******weeks*** *of* ***ballet****)*

|  |
| --- |
| **I am applying for this grant because… *please tell us why it is important for you to boost your/your child’s activity levels. A****ll our applications are from people with CF, so saying that you need to exercise because of your CF is something we hear a lot. We need to know why it’s important for you, right now.* |
|  |
| **The difference this grant would make is…*please tell us what would change for you/your child if you were given this grant.*** |
|  |
| **Is there anything else you’d like us to know?** |
|  |

|  |
| --- |
| **How many times has the applicant had to stay in hospital overnight because of cystic fibrosis in the last 12 months? Please provide the number of admissions to hospital, not the number of days.** |
|  |

**Please tell us how you would use the grant and include evidence of the cost (for example, a link to the gym’s website with membership prices).**

**Without this information your application will not be taken to the panel***We are not usually able to part-fund items. Please contact us before you apply if the item will cost more than £350 and the grant would be a contribution to the total cost. We also can’t accept applications for memberships/sessions that have already been booked/paid for.*

|  |  |
| --- | --- |
| **Activity** | **Cost (£)** |
|  |  |
| **Total amount requested** | **£** |

**Personal Circumstances**We might use this information to help our panel make a decision about your application.You can use the tick boxes, or circle, highlight or write on the form.

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

Yes 🗆 No 🗆

If yes, please give details:

**Number of adults in the household (18 and over)** ……..

**Number of children in the household (Under 18)** ……..

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

Own home outright 🗆 Own home with mortgage🗆 Shared ownership 🗆 Private tenant 🗆   
Council Housing 🗆 Housing Association 🗆 Housed through job/business 🗆 Caravan/mobile home 🗆  
Living with parents/relatives🗆 Homeless (including B & B tenant or hostel, or staying with friends) 🗆

Other, please give details:

**Section 4 – payment details  
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 account below. If you do not have a bank account please contact our helpline.**

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

Stories like yours are really important, as they show people how we can help. We might share the story of your grant to help us promote our grants and raise awareness of how our support helps people living with cystic fibrosis. To protect your privacy, we always change names and any identifying details when we share these stories. If you prefer that we do **NOT** share your story in this way, please tick here or write this anywhere on the form:

Please tick here or write on this form if you would be interesting in sharing your story with the press/media (for press/media case studies, we will contact you before using your story)

**We may contact you in the future to find out how the grant has benefitted your health and wellbeing and boosted your activity levels.**

We also help people with CF with their money in other ways. Would you be interested in talking to one of our team about money, budgeting or getting all the benefits you are entitled to?

Applicant checklist

Have you:

* filled in all sections of the form?
* told us why this grant is needed and how it will help?
* included a link/screenshot to the cost of the membership/sessions you would buy with this grant?
* included the exact cost of the membership/sessions you would buy with this grant?

Next steps

* Please complete the monitoring form on the next page. We won’t use this information to assess your application, but it is important for us to understand who our support is reaching.
* Ask your CF team to fill in section 5 of this form
* You, or your CF team, then need to email your completed form to [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk)

Further information

* We cannot accept applications for memberships/classes that have already been booked or purchased.
* We will contact you after you receive the grant to request a copy of a receipt/proof of purchase. We might also ask for feedback or offer other support. If you do not provide a receipt/proof of purchase you may not be able to apply for grants from us again in the future.
* Activity Boost grants provide short term help to boost activity levels and build fitness and confidence in exercising. If your application is successful you won’t be able to reapply at the end of the grant period.
* If your application is successful you will not be able to apply for another Activity Boost grant for 3 years. If you do apply again, we might have to prioritise people who have not received previous grant support from us.
* We’ll follow up with you and your CF physiotherapist to help us understand the difference this grant has made for you

**Please remember that if you send us an application it does not mean that you will definitely be given the grant.**

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 …………………….

**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 🗆 Child/Not applicable🗆 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-£29,999 🗆 £30,000-£44,999 🗆   
£45,000-£59,999 🗆 More than £60,000 🗆 Prefer not to say 🗆

**Section 5 – Supporting statement from the endorser**

**The endorser must be a specialist CF physiotherapist or specialist exercise professional working as part of the applicant’s CF team.**

This section should be completed by the endorser. Please note that we may contact the endorser to ask for more information about this application or to confirm they provided the 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** |  |
| **Place of work** |  |
| **Email address** |  |
| **Contact number** |  |
| **Please tell us about why you think this grant is needed and how the person with CF will benefit from this grant. *Please provide specific information to explain the need, with reference to the applicant’s CF health and the difference this grant could make to their overall health and wellbeing.*** | |
|  | |

As part of the application process for the Activity Boost grants, we ask endorsers to commit to supporting the applicant to boost their activity levels through the grant and to maintain this when the grant ends. We can only accept applications if the following two boxes are ticked:

Please tick here to confirm you will work with the applicant to ensure they get the most possible use out of this grant during the grant period.

Please tick here to confirm you will work with the applicant to create a plan to maintain their activity levels at the end of the grant period.

|  |
| --- |
| **Are you planning to collect any specific measures to monitor the impact of this grant, eg, an exercise capacity test before and after the grant or measures of exercise confidence?** *We don’t require you to do this, but if you can collect any data it helps us show why these grants are so important and the difference they make, which can help us to support more people with CF. Please make note of any measures you plan to use here; we’ll contact you about this for more information.* |
|  |

**Once you have completed all sections of the form, you or your CF Team should email it to** [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk)

Supporting statements can also be emailed separately to us at helpline@cysticfibrosis.org.uk. They must be emailed from the endorser’s professional email account.

**We will contact applicants and endorsers to gather more information, for feedback and to offer other support.**