**Application for Health & Wellbeing Grant**

**Cystic Fibrosis Trust provides grants of up to £350 to support the mental and physical health
and wellbeing of people with cystic fibrosis (CF). Our support is focused on households on
low incomes and those who are most unwell with CF.**

**Who can apply**

* We take applications from adults or children with CF who are under the care of a UK based CF team, have a diagnosis of CF, and are on a low income or can’t afford the item themselves.
* We can only accept applications from people who are most unwell with their CF (physical or mental health) or who face other challenges to staying well. We ask you to tell us about this on this form.

**What can you apply for?**

* You can apply for things that will help you/your child to live well with cystic fibrosis. On this application form, you can tell us about how the grant will help your/your child’s CF health and wellbeing.
* There are a few things we can’t fund; please see our website for more details.

**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.
* Please ask a member of your CF Team to complete the supporting statement in Section 5 or to email their statement directly to helpline@cysticfibrosis.org.uk. Your CF Team can also fill out Sections 1, 2, 3 and 4 for you.
* Once you have completed all sections of the form, you or your CF Team should email it to helpline@cysticfibrosis.org.uk
* 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** **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.

We will contact applicants and endorsers to gather 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 may 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 the item for another reason, please give details:

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**Personal Circumstances**We may use this information to help our panel make a decision on your application.You can use the tick boxes provided, 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 3 – Tell us what you are applying for**

In this section, you can tell us **what you need, why you need it, and how it will benefit your or your child’s health and wellbeing.** The information you provide will be looked at by a panel who will make a decision on your application, so please give us as much detail as you can.

**We accept applications for things that could improve the health and wellbeing of someone with cystic fibrosis, up to £350**. This could include:

* Items of furniture, flooring or home adaptations
* Non-urgent white goods and household appliances (eg, a vacuum cleaner, steriliser, microwave etc) *If you have an urgent need for an essential household item, please apply to our Home Essentials Fund.*
* Exercise equipment **(only up to £200)**
*Please note if you would like to apply for a grant for gym membership, personal training or activity classes you will need to apply to our Activity Boost grant instead – see our website for details*
* Equipment that means people with CF can take part in hobbies/interests to support their physical or mental health (eg, photography equipment)

Please see our website for further details of what we can and can’t fund. **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, as we are not usually able to part-fund items.

**We have a limited budget and we aim to support those who are most unwell because of their cystic fibrosis.**

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| **I am applying for…** *please tell us what you will use this grant for.* |
|  |
| **I am applying for this grant because…** *please tell us about the challenges you/the applicant face because of cystic fibrosis. You can also tell us about any other personal circumstances that make living well with CF difficult.*  |
|  |
| **The difference this grant would make is…***please tell us how the grant would make a difference to your/your child’s daily life and support their health and wellbeing.* |
|  |
| **Please tell us if there is anything else you’d like us to know.**  |
|  |

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| **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 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.**

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

 **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 chosen 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** |  |  |  |  |  |  |

We might share the story of your grant to help us promote our grant and raise awareness of how our support helps people living with cystic fibrosis. Stories like yours are really important to us as they show people how we can help. 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.**

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 items(s) you would like to buy with this grant?
* included the exact cost of the item(s) you would like to 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, will then need to email your completed form to helpline@cysticfibrosis.org.uk

Further information

* We cannot accept applications for items that have already been ordered or purchased.
* If the application is successful and you are purchasing an item which comes with a free manufacturer’s guarantee, we ask that you sign up to this as soon as possible.
* We will contact you after you receive the grant to request a copy of a receipt or proof of purchase. We might also ask for feedback or offer other support.
* If you do not provide a receipt or proof of purchase you may not be able to apply for future grants from us.
* The appliance or item purchased must be owned by the applicant (the applicant is the adult or child with cystic fibrosis). This means the applicant should take the item with them if they move wherever possible.
* If your application is successful you will not be able to apply for another grant for the same household item for three years. If you have already received a grant for this item in the past three years, please contact us before you apply as we may not be able to accept your application.
* If your application is successful, you will not be able to apply for another Health & Wellbeing grant for 12 months.

**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 is a member of the applicant’s CF Team such as a clinician or CF social worker**

The endorser should complete this section. Please note that we may contact the endorser to request further information related to this application or to confirm they provided the statement.

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| --- |
| **I confirm that this grant will be used to benefit a person living with cystic fibrosis that the information given is correct.**  |
| **Name**  |  |
| **Job title**  |  |
| **Place of work** |  |
| **Contact number/email** |  |
| **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.***  |
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**Once you have completed all sections of the form, the applicant or their CF Team should email it to** **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.**